



ANNUAL REPORT

2014/15



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and Healthy Life for All South Africans



health

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Health
REPUBLIC OF SOUTH AFRICA

NATIONAL DEPARTMENT OF HEALTH

ANNUAL REPORT 2014/2015

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PART A:

GENERAL INFORMATION

1.1 Department's General Information

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1.2 List of Abbreviations and Acronyms

AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
AU	African Union
BAS	Basic Accounting System
BCP	Business Continuity Plan
BBB-EE	Broad Based Black Economic Empowerment
BME	Benefit Medical Examination
CARMMA	Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa
CCM	Chronic Care Model
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CCOD	Compensation Commissioner for Occupational Diseases
CD4	Cluster of differentiation 4 (in T helper cells)
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CFOF	Chief Financial Officers Forum
CHC	Community Health Centre
CHW	Community Health Worker
CIDA	Canadian International Development Aid
CMS	Council for Medical Schemes
CORE	Code of Remuneration
COGTA	Co-operative Governance and Traditional Affairs
CPT	Cotrimoxazole Prophylaxis Therapy
CSIR	Council for Scientific and Industrial Research
CSTL	Care and Support for Teaching and Learning
CYPR	Couple-Year Protection Rate
DAFF	Department of Agriculture, Forestry and Fisheries
DBE	Department of Basic Education
DBSA	Development Bank of Southern Africa
DCST	District Clinical Specialist Team
DDG	Deputy Director-General
DDT	Chlorophenothane dicophane
DEA	Department of Environmental Affairs
DFID	Department for International Development
DG	Director-General
DHA	District Health Authority
DHIS	District Health Information System
DHMIS	District Health Management Information System
DHMT	District Health Management Team
DHS	District Health System
DHP	District Health Plan
DNDI	Drugs for Neglected Disease Initiative
DORA	Division of Revenue Act
DPSA	Department of Public Service and Administration
DRP	Disaster Recovery Plan
DRGs	Diagnosis Related Groupers
DR-TB	Drug Resistant Tuberculosis
DSD	Department of Social Development
DS-TB	Drug-sensitive Tuberculosis
DTI	Department of Trade and Industry
EA	Executive Authority
EAP	Employee Assistance Programme
EDR	Electronic Drug Resistance
EEL	Essential Equipment List
EHP	Environmental Health Practitioner
EHW	Employee Health and Wellness
EMIS	Education and Management Information System
EML	Essential Medicines List
EMP	Environmental Management Plan
EPI	Expanded Programme on Immunisation
EPR	Epidemic Preparedness and Response
ES	Equitable Share

List of Abbreviations and Acronyms

ETR	Electronic TB Register
EU	European Union
EVD	Ebola Virus Disease
FAO/WHO	Food and Agricultural Organisation/ World Health Organisation
FDC	Fixed-dose Combination
FET	Further Education and Training
FFC	Financial and Fiscal Committee
FIT	Facility Improvement Team
FSHPC	Forum for Statutory Health Professions Council
GCIS	Government Communication and Information System
HAART	Highly Active Antiretroviral Therapy
HASA	Hospital Association of South Africa
HCT	HIV Counselling and Testing
HDI	Human Development Index
HDI's	Historically Disadvantaged Individuals
HFIT	Health Facility Improvement Team
HIG	Health Infrastructure Grant
HIMME	Health Information Management Monitoring and Evaluation
HIV	Human Immunodeficiency Virus
HoD	Head of Department
HPCSA	Health Professions Council of South Africa
HPTDG	Health Professionals Training and Development Grant
HPV	Human Papilloma Virus
HR	Human Resources
HRG	Hospital Revitalization Grant
HRP	Human Resources Plan
HST	Health Systems Trust
HT	Health Technology
HWSETA	Health and Welfare Sector Education and Training Authority
ICCM	Integrated Chronic Care Model
ICT	Information Communication Technology
IHR	International Health Regulations
IMR	Infant Mortality Rate
IPT	Isoniazid Preventive Therapy
ISHP	Integrated School Health Programme
IT	Information Technology
IUSS	Infrastructure Unit Support System
IYM	In-Year Monitoring
LFA	Local Funding Agency
MBOD	Medical Bureau for Occupational Diseases
MCC	Medicines Control Council
MCWH	Maternal, Child and Women's Health
MDG	Millennium Development Goals
MDR-TB	Multi-drug Resistant Tuberculosis
MISP	Master Information Systems Plan
M&E	Monitoring and Evaluation
MMC	Medical Male circumcision
MMR	Maternal Mortality Ratio
MOU	Memorandum of Understanding
MRC	Medical Research Council [South African]
MTEF	Medium-Term Expenditure Framework
MTSF	Medium-Term Strategic Framework
NaPeMMCo	National Perinatal Mortality and Morbidity Committee
NatHOC	National Health Operational Centre
NCE	New Chemical Entity
NCCEMD	National Committee on Confidential Enquiries into Maternal Deaths
NCDs	Non-Communicable Diseases
NCOP	National Council of Provinces
NDoH	National Department of Health
NDP	National Development Plan
NEMA	National Environmental Health Act
NHA	National Health Act
NHC	National Health Council
NHCC	National Hospital Co-ordinating Council
NHI	National Health Insurance
NHI-CG	National Health Insurance Conditional Grant

List of Abbreviations and Acronyms

NHIRD	National Health Information Repository and Data Warehouse
NHISSA	National Health Information Systems Committee of South Africa
NHLS	National Health Laboratory Services
NHSP	National Health Scholars Programme
NGO	Non-Government Organization
NHRD	National Health Research Database
NHREC	National Health Research Ethics Committee
NHRC	National Health Research Committee
NHRO	National Health Research Observatory
NICD	National Institute for Communicable Diseases
NIDS	National Indicator Data Set
NMC	Notifiable Medical Conditions
NPM	Nutrient Profiling Model
NSP	National Strategic Plan
NT	National Treasury
NTSG	National Tertiary Services Grant
NWU	North West University
OHS	Occupational Health and Safety
OHSA	Occupational Health and Safety Act
OHSC	Office of Health Standards Compliance
OHU	Occupational Health Unit
OSD	Occupation-specific Dispensation
ODA	Overseas Development Aid
PCR	Polymerase Chain Reaction
PERSAL	Personnel Salary System
PEPFAR	President's Emergency Plan for Aids Relief [US]
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PPP	Public Private Partnership
PrimCare SPSP	Primary Health Care Sector Policy Support Programme
PSC	Public Service Commission
PSCBC	Public Service Co-ordinating Bargaining Council
RRM	Revenue Retention Model
RTC	Regional Training Centre
SAM	Severe Acute Malnutrition
SADC	Southern African Development Community
SAHPRA	South African Health Products Regulatory Authority
SANAC	South African National AIDS Council
SAPS	South African Police Services
SANHANES	South African National Health and Nutritional Examination Survey
SCM	Supply Chain Management
SG	Statistician-General
SSA	State Security Agency
SCOPA	Select Committee on Public Accounts
SDIP	Service Delivery Improvement Plan
SMS	Senior Management Service
SLA	Service Level Agreement
SOPs	Standard Operating Procedures
STGs	Standard Treatment Guidelines
STIs	Sexually Transmitted Infections
TB	Tuberculosis
Tech-NHC	Technical Advisory Committee of the National Health Council
TROA	Total clients remaining on ART
UCT	University of Cape Town
UN	United Nations
UPS	Uninterruptable Power Supply [device]
USAID	United States Agency for International Development
WBPHCOTs	Ward Based Primary Health Care Outreach Teams
WHA	World Health Assembly
WHO	World Health Organization
WHO-AFRO	World Health Organization–Africa Region
WISN	Work Indicators for Staffing Need

1.3 Foreword by Minister



The purpose of this report is to give Parliament and the public an overview of the resources allocated to the Department of Health and to account for how, in broad terms, those resources have been used in fulfilling our statutory functions – the provision of health care and the promotion of health.

The report is divided into a number of sections, each with a specific purpose reflecting statutory duties and what has been achieved. We have sought to include the right amount of detail, striking a balance between transparency and readability, ensuring that the report meets technical requirements and is of use to readers who are not health professionals.

The reporting period was a challenging year for the National Department of Health and for government in general, as we sought another mandate from the electorates to press on with our health reform programme. There is a growing demand for universal health coverage and for quality services. Realistically, we recognise that the environment will continue to be challenging as we make plans to put these principles into practice for the next five years.

In the year under review, it is evident that major strides were made towards a healthy and long life for all South Africans. Life expectancy continued to improve mainly due to large scale access to antiretroviral therapy in South Africa leading to long survival rates of persons with HIV. Recent estimates showed improvement from 61.2 years in 2012 to 62.2 years in 2013.

The Infant Mortality Rate (IMR) estimates increased from 27 deaths per 1000 live births in 2012 to 29 deaths per 1000 live births in 2013. Estimates of both under five mortality and neonatal mortalities remained stable between 2012 and 2013.

The MomConnect Project is fully rolled out and more than 420 000 pregnant women have subscribed to received specially tailored health messages. Immunisation coverage of more than 90% was achieved during 2014/15.

Collaboration with Department of Basic Education is progressing ahead on the Integrated School Health Programme. A 23% coverage rate of learners in Quintile 1 and 2 schools was achieved in 2014/15. A total of 709 396 learners had health screening during 2014/15. More 90% of girl learners aged 9 years received the first dose HVP immunisation at schools.

Prevention is the mainstay of efforts to combat HIV and AIDS. Since the HIV Counselling and Testing (HCT) campaign was introduced in 2010, over 35 million people have been tested. For the 2014/15 financial year, 9 566 097 people between the ages of 15 and 49 years were tested. The number of people on antiretroviral treatment increased to more than 3.1 million in 2014/15.

Significant strides were made on medical male circumcision (MMC) programme, which is one of the Department's combination of HIV and AIDS prevention interventions. A total of 508 404 MMCs were conducted. The revision of the HIV guidelines was done for alignment with the World Health Organisation (WHO) HIV Guidelines.

The outbreak of Ebola virus disease in West Africa reminded us of the importance of basic epidemic preparedness and the importance of hand hygiene to avoid the transmission and spread of pathogens that cause communicable diseases. To alert South Africans of this simple yet very effective practice for preventing the spread of disease, we launched a hand-washing campaign on 24 November 2014, which aims to mobilise communities, households, as well as individuals in schools and workplaces, to wash hands with soap at appropriate times.

The NDoH continued with the implementation of the eHealth strategy for the public health sector 2012/13–2016/17. The National Health Normative Standards Framework for Interoperability in eHealth in South Africa was gazetted in April 2014. The Council for Scientific and Industrial Research (CSIR) Department was commissioned to assess the level of Primary Health Care Patient Information Systems (PHC-PIS) implemented in South Africa against the published National Health Normative Standards Framework. Further, the Department commissioned the CSIR to conduct a similar assessment for all Hospital Health Information Systems.

The Department commenced with a project for the reference of the National Health Normative Standards Framework for eHealth in the 700 primary health care facilities, which are in the NHI pilot districts. To this end, the required hardware which included 3 370 computers were distributed to 698 facilities, and integrated eight health information system initiatives targeting primary health care facilities. The beta implementation of this project demonstrated an improved quality of routine data and a reduction in patient waiting times at administration level. These strides are in keeping with the National Development Plan (NDP).

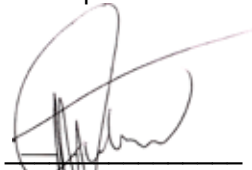
Our main priority for the year 2015/2016 is to continue with preparatory work for NHI. To this end, Department initiated a process of developing and testing Diagnosis-related Groups (DRG) as an alternative reimbursement tool for hospitals. Phase 1 of this programme involves developing a base DRG tool for the 10 central hospitals across the country. As at March 2015, the Department had extracted clinical and financial data from central hospitals. The data have been categorised into 25 Major Disease Categories as part of the preliminary technical work to develop and apply a disease algorithm. Technical work on

case-mix and actuarial analyses has been undertaken on the data, which have been aggregated, and a triangulation process has been undertaken with regard to data from third-party sources. The next phases of work will involve further in-depth case-mix analyses, followed by the modelling and fitting of the algorithm.

Asurveillance system has been developed and successfully piloted to monitor medicine availability at health facilities. Electronic stock management systems were implemented in 39 hospitals in order to strengthen demand planning and governance. Access to medicines was enhanced with the approval of 306 pharmacy and 2 391 dispensing licences.

Our task is to improve patient safety and the quality of care while managing a financial situation that remains exceptionally tight.

This report summarises key achievements representing continuity in creating conditions favourable to the successful implementation of National Health Insurance (NHI). All these achievements have been possible thanks to the continued dedication, commitment and hard work of staff throughout the health system, including the Department of Health's partner organisations.



DPA. Motsoaledi, MP

Minister of Health

Date:21/09/2015

1.4 Deputy Minister's Statement



As a custodian of the health system, the NDoH's job is to ensure that the system as a whole delivers the best possible health care outcomes to all South Africans. We work with our partner organisations to develop policies that enable service delivery that meet the expectations of patients, carers, users and the public on fairness, efficiency and quality.

The NDoH and its provincial counterparts are accountable to Parliament and Provincial Legislatures. The NDoH sets the strategy and direction for the system as a whole and is responsible for innovating and updating health policy and legislative frameworks to inform and enhance service delivery. The NDoH is also responsible for supporting individual national bodies and holding them accountable to either the Department or directly to Parliament.

The NDoH secures funds for health care services which are then allocated to provinces. NDoH ensures that a robust system of regulation is in place for the health professions and allied industries, and systems are responsive to the needs of patients, users, carers and taxpayers, while creating and maintaining the legislative and regulatory framework for those services. However, people's care is in the hands of the health professionals who look after them.

Although the NDoH's role is rarely visible to healthcare professionals, patients and users of services, it is vital in securing high-quality, efficient and fair services in the short term and sustaining them in the future.

The account of the 2014/15 financial year presented in this report explains how we have gone about achieving the objective stated above. We have continued to take steps to reform the system that sustains services and to maintain performance in important areas, increasingly working through strategic continental and global alliances with our external delivery partners at national and local levels, as well as taking a global leadership role in tackling the issues that will have greatest impact in the future – such as dementia and antimicrobial resistance.

The NDoH continued to implement the re-engineered Primary Health Care (PHC) model for South Africa. The model comprises of three streams, namely: District Clinical Specialist Support Teams; Ward-based Primary Health Care Outreach Teams, the School-based Health programme, and the contracting of general practitioners to work in primary health care facilities for the National Health Insurance districts.

During this period, 2 912 Ward-based Primary Health Care Outreach Teams were established. This is an increase from the 1 595 teams established in 2013/14. Also, 1 748 teams reported their activities in the District Health Information System. This is an improvement over 1 063 teams that reported in 2013/14. A total of 800 community healthcare workers have been allocated mobile phones and trained on the use of this technology for data capturing and reporting. This initiative supports a faster turnaround time for care of individuals and families in the community.

To improve postnatal care, the Ward-based Primary Health Care Outreach Teams have been tasked with following up new mothers within six days and this has shown a significant improvement in provinces, where roving teams are actively linking mothers to facilities within the specified period. At the end of 2014/15, 74.3% of mothers received a postnatal visit within six days of giving birth.

To align Port Health Services provision with International Health Regulations, the National Health Amendment Act 12 of 2013 has placed the responsibility of such provision with the NDoH with effect from 1 September 2014. The transfer process was finalised in March 2015. Points of entry were supported to improve their operations during 2014/15, and 44 ports of entry are now compliant with International Health Regulations.

Among our key priorities for the year 2015/16 is to continue to work with our partners and civil society to achieve the highest quality standards of care across the system. Our task is to improve patient safety and the quality of care in the context of highly constrained financial resources.

The 'Ideal Clinic' (IC) initiative was started in July 2013 as a way of systematically reducing the deficiencies in PHC facilities in the public sector. The goal is to standardize the quality of PHC services across the country. The work done since July 2013 and the method used for its application culminated in the Operation Phakisa Ideal Clinic laboratory that took place from 12 October to 21 November 2014. A key output of the laboratory is a detailed plan for transforming all clinics in South Africa into 'Ideal Clinics'.

Non-communicable diseases (NCDs) are reaching epidemic proportions worldwide and South Africa is no exception. NCDs include cardiovascular conditions (mainly heart disease and stroke), some cancers, chronic respiratory conditions and Type 2 diabetes – affect people of all ages, nationalities and classes. In South Africa, the NCDs comprise at least 33% of the disease burden.

The common risk factors for NCDs include tobacco use; physical inactivity; unhealthy diets, and harmful use of alcohol. The proportion of deaths due to non-communicable diseases increased from 46, 6% in 2010 to 50, 6% in 2012, with gradual increases observed among diseases of the circulatory system, neoplasms, endocrine and metabolic diseases. The behavioral change intervention for NCDs will require intersectoral platform to promote healthy

lifestyles, encourage prevention of diseases and promote health care which will also enforce health regulations.

In sub-Saharan Africa, it is understandable that governments, donors and research-funding agencies have channelled most resources into infectious diseases: 5.9% of adults between the ages of 15 and 49 are HIV-positive and malaria alone kills a million children under the age of five each year. In richer countries, the focus of biomedical research on NCDs has been on treatment rather than prevention.

The reality is that the overwhelming majority of NCDs are diseases of lifestyle. Averting the NCD crisis is essential to ensuring that present and future generations have the chance to live long, healthy and productive lives.



Dr J Phaahla, MP
Deputy Minister of Health
Date: 17/09/2015

1.5 REPORT BY THE ACCOUNTING OFFICER TO THE EXECUTIVE AUTHORITY AND PARLIAMENT OF THE REPUBLIC OF SOUTH AFRICA.

1. Overview of the operations of the Department



1.1 Strategic Issues Facing the Department

The National Development Plan (NDP) envisions that by 2030, the health system will produce the following positive health outcomes:

- The life expectancy of South Africans will be increased to at least 70 years;
- There will be a generation of under-20s that is largely free of HIV;
- There will be reduced burden of disease;
- An infant mortality rate of less than 20 deaths per 1 000 live births and the under-five mortality rate of less than 30 deaths per 1 000 children will be achieved;
- There will be a significant shift in the equity, efficiency and quality of health service provision;
- Universal health coverage will be realised; and
- Social determinants of disease and adverse environmental factors will be addressed and reduced.

a. The restructuring of Primary Health Care (PHC) and overhauling of the health system is intended to improve the quality of care and prepare the health system for National Health Insurance (NHI). PHC is the strategic thrust of service delivery. High quality of services at primary health care level will be achieved through the Ideal Clinic model and integration of all streams of primary health care, namely: the implementation of Ward-based Primary Health Care Outreach Teams (WBPHCOTs); the implementation of School Health Services; the establishment of District Clinical Specialist Teams; and the contracting of general practitioners (GPs) to support services at PHC clinics in the public health sector.

b. Health systems strengthening focuses on improving Health Information Systems and the use of health information for the purposes of health planning and decision-making; improvement of financial management at all levels of the healthcare system; strengthening human resource planning in response to the Human Resources for Health Strategy; improvement of drug supply systems; strengthening health facility planning including health infrastructure, and strengthening management in Health Districts.

c. Significant milestones were achieved through strategic interventions to reduce the burden of disease implemented by the health sector, in partnership with communities across the country. These are outlined in sections 1.2 and 1.3.

1.2 Significant events that have taken place during the year

a. The Rapid Mortality Surveillance Report 2013 of the South African Medical Research Council, which was released in December 2014, showed that total life expectancy in South Africa has increased from an estimate of 61.2 years in 2012 to 62.2 in 2013. Infant mortality rate estimates showed an increase from 27 deaths per 1 000 live births in 2012 to 29 deaths per 1 000 live births in 2013. Both the under-five mortality and the neonatal mortality rates remained stable at 41 deaths per 1 000 live births and 11 deaths per 1 000 live births respectively between 2012 and 2013.

b. The health sector continued to implement key strategies linked to the NHI pilot sites. The country is still within the first phase of implementation of NHI which is planned to take five years. The results of an appraisal conducted in 2014/15 show that all NHI districts reported full integration, co-ordination and alignment between District Health planning and implementation with that of NHI pilot activities. This is a significant improvement over the previous financial year, when only six out of 10 districts reported integration of NHI pilot activities into routine district management planning and implementation. All pilot districts have appointed, or have proxy for, NHI co-ordinators, at both provincial and district level.

c. The introduction of an independent service provider for the recruitment and placement of General Practitioners (GPs) in November 2014 has significantly increased the number of GPs contracted. Prior to the introduction of the independent service provider, just over 150 GPs were recruited during the 21 months of the project. Since November 2014, a further 150 GPs have been recruited and placed at PHC facilities, increasing the number of GPs to a total of 300.

d. The Department continued to implement the new re-engineered Primary Health Care (PHC) model for South Africa. The model consists of three streams, namely: District Clinical Specialist Support Teams; Ward-based Primary Health Care Outreach Teams, the School-based Health programme, and the contracting of general practitioners to work in primary health care facilities.

e. In the 2014/15 financial year, 2 912 Ward-based Primary Health Care Outreach Teams were established. This is an increase from the 1 595 teams established in 2013/14. During the period under review, 1 748 teams reported their activities in the District Health Information System. This is an improvement over 1 063 teams that reported in 2013/14. A total of 800 community healthcare workers have been allocated mobile phones and have been trained on the use of this technology for data capturing and reporting. This initiative supports a faster turnaround time for care of individuals and families in the community.

f. To improve postnatal care within six days, the Ward-based Primary Health Care Outreach Teams have been tasked with following up new mothers within six

days and this has shown a significant improvement in provinces, where roving teams are actively linking mothers to facilities within the specified period. At the end of 2014/15, 74.3% of mothers received a postnatal visit within six days of giving birth.

- g. The Integrated School Health Programme (ISHP) had a 23.2% coverage rate for 2014/15 in Quintile 1 and 2 schools. During the 2014 calendar year, 463 School Health Teams screened a total of 709 396 learners.
- h. The Human Papilloma Virus (HPV) immunisation campaign was largely successful, with 91.8% of the targeted number of girls reached for the 1st dose HPV immunisation. Prevention is the mainstay of efforts to combat HIV and AIDS. Since the HIV Counselling and Testing (HCT) campaign was introduced in 2010, over 35 million people have been tested. For the 2014/15 financial year, 9 566 097 people between the ages of 15 and 49 years were tested.
- i. Medical male circumcision (MMC) is one of the Department's combination HIV and AIDS prevention interventions. During 2014/15, a total of 508 404 MMCs were conducted.
- j. At the end of March 2015, there were 3 103 902 clients remaining on antiretroviral therapy (ART) (total clients remaining on ART – TROA). The Department revised the HIV guidelines to align them with the World Health Organization (WHO) HIV Guidelines.
- k. Programme data are also showing that fewer infants are infected with HIV, with a polymerase chain reaction (PCR) positivity rate of less than 2% of all babies born to HIV-positive women around six weeks.

1.3 Major projects undertaken or completed during the year

- a. A new intervention called MomConnect was launched in August 2014 with the aim of improving maternal, neonatal and child health outcomes. The programme uses cell-phone technology to register every pregnant mother on the healthcare system via SMS, so that relevant pregnancy-related health messages can be sent to these pregnant mothers. To date, more than 420 000 women have been registered to receive tailored health promotion messages based on the gestational age at the time of their first antenatal care visit.
- b. The 'Ideal Clinic' (IC) initiative was started in July 2013 as a way of systematically reducing the deficiencies in PHC facilities in the public sector. The goal is to ensure that high-quality PHC services are made universally available, and are consistent with set standards. The work done since July 2013 and the method used for its application culminated in the Operation Phakisa Ideal Clinic laboratory that took place from 12 October to 21 November 2014. This laboratory's output is a detailed plan for transforming all clinics in South Africa into 'Ideal Clinics'.
- c. In ensuring that the Port Health Services are rendered in line with International Health Regulations, the National Health Amendment Act 12 of 2013 has placed the responsibility of facilitating the provision of Port Health Services with the National Department of Health (NDoH) with effect from 1 September 2014. The transfer process was finalised in March 2015.

Points of entry were supported to improve their operations during 2014/15, and 44 ports of entry are now compliant with International Health Regulations.

- d. As part of preparatory work for NHI, the National Department of Health has initiated a process of developing and testing Diagnosis-related Groups (DRG) as an alternative reimbursement tool for hospitals. Phase 1 of this programme involves developing a base DRG tool for the 10 central hospitals across the country. As at March 2015, the Department had extracted clinical and financial data from central hospitals. The data have been categorised into 25 Major Disease Categories as part of the preliminary technical work to develop and apply a disease algorithm. Technical work on case-mix and actuarial analyses has been undertaken on the data, which have been aggregated, and a triangulation process has been undertaken with regard to data from third-party sources. The next phases of work will involve further in-depth case-mix analyses, followed by the modelling and fitting of the algorithm.
- e. A surveillance system has been developed and successfully piloted to monitor medicine availability at health facilities. Electronic stock management systems were implemented in 39 hospitals in order to strengthen demand planning and governance. Access to medicines was enhanced with the approval of 306 pharmacy and 2 391 dispensing licenses.
- f. The Ebola virus disease outbreak in West Africa reminded us of the importance of basic epidemic preparedness and hand hygiene. Hands are the main source of the transmission and spread of pathogens (agents such as bacteria and viruses) that cause communicable diseases. To alert South Africans of this simple yet very effective practice for preventing the spread of disease, the Minister of Health launched a hand-washing campaign on 24 November 2014, which aims to mobilise communities, households, as well as individuals in schools and workplaces, to wash hands with soap at appropriate times.
- g. The Department continued with the implementation of the eHealth strategy for the public health sector for 2012/13–2016/17. The National Health Normative Standards Framework for Interoperability in eHealth in South Africa was gazetted in April 2014. The Department commissioned the Council for Scientific and Industrial Research (CSIR) to assess the level of Primary Health Care Patient Information Systems (PHC-PIS) implemented in South Africa against the published National Health Normative Standards Framework. The Department has further commissioned the CSIR to conduct a similar assessment for all Hospital Health Information Systems.
- h. During 2014/15, the Department commenced with a project for the reference of the National Health Normative Standards Framework for eHealth in the 700 primary health care facilities in the NHI pilot districts. To this end, the Department has distributed the required hardware which included 3 370 computers to 698 facilities, and integrated eight health information system initiatives targeting primary health care facilities into this project. The beta implementation of this project demonstrated an improved quality of routine data and a reduction in patient waiting times at administration level.

2. Overview of the financial results of the Department:

2.1 Departmental receipts

Departmental receipts	2014/15			2013/14		
	Estimate	Actual Amount Collected	(Over) /Under Collection	Estimate	Actual Amount Collected	(Over)/Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	31 548	54 033	(22 485)	38 076	67 136	(29 060)
Interest, dividends and rent on land	300	6 337	(6 037)	420	1 858	(1 438)
Financial transactions in assets and liabilities	912	5 770	(4 858)	912	2 612	(1 700)
Total	32 760	66 140	33 380	39 408	71 606	32 198

The majority of revenue collected by the NDoH is derived from regulatory functions performed by the Medicines Control Council (MCC). The main source of revenue is generated from registration fees of medicines, which yielded a decrease of 19.52% in 2013/14 as compared to 2014/15. The tariffs charged by the Department in this regard are in terms of the provisions of the Medicines

and Related Substances Act of 1965 as published in the Government Gazette on 7 November 2012. The balance originates from laboratory tests, which are conducted by the three forensic laboratories in Pretoria, Johannesburg and Cape Town under the control of the Department. These fees are reviewed regularly and costs are recovered.

2.2 Programme Expenditure

Programme Name	2014/15			2013/14		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
1. Administration	397 731	386 476	11 255	393 062	352 916	40 146
2. Health Planning and Systems Enablement	654 127	316 667	337 460	493 913	198 261	295 652
3. HIV and AIDS, TB and Maternal, Child and Women's Health	13 046 659	13 027 910	18 749	11 040 345	10 962 701	77 644
4. Primary Health Care Services	107 155	102 355	4 800	102 989	89 888	13 101
5. Hospitals, Tertiary Services and Workforce Development	18 808 853	18 482 048	326 805	17 731 182	17 486 225	244 957
6. Health Regulation and Compliance Management	886 045	839 199	46 846	766 690	735 106	31 584
Total	33 900 570	33 154 655	745 915	30 528 181	29 825 097	703 084

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

- From a total allocation for the year under review amounting to R33,901 billion, the Department spent R33,155 billion, which is 97.8% of the available budget.
- The economic classifications that were underspent were mainly Goods and Services and Capital. Goods

and services (G&S) were underspent mainly due to contracts issued but services yet to be rendered. Capital expenditure was underspent due to construction projects not completed by 31 March 2015.

2.3 Reasons for under/(over) expenditure

Programme 1: Administration

The programme shows an expenditure of R386,476 million (97.2%), with an under-expenditure of R11,255 million (2.8%) against a budget of R397,731 million.

Invoices for legal services, services rendered by the Department of International Relations and Co-operation and the external audit fees could not be processed before the year end.

Programme 2: Health Planning and Systems Enablement

The programme shows an expenditure amounting to R316,667 million (48.4%), with an under-expenditure of R337,460 million (51.6%), against a budget of R654,127 million.

There were delays in negotiating additional funds for the South Africa Demographic and Health Survey and the processes involved in appointing General Practitioners in the National Health Insurance Pilot Districts.

Programme 3: HIV and AIDS, TB and Maternal, Child and Women's Health

From a total allocation of R13,047 billion, the programme has spent 99.9% of its allocated funds amounting to R13,028 billion, with an under-expenditure of R18,749 million.

Programme 4: Primary Health Care (PHC) Services

The total allocation for the programme amounted to R107,155 million. The programme shows an expenditure outcome of R102,355 million, which is 95.5% with an under-expenditure of R4,800 million (4.5%).

Printing of promotional material was not received from the supplier before year-end. The transfer payment to the Kidney Foundation could not be effected due to challenges with banking details.

Programme 5: Hospitals, Tertiary Services and Workforce Development

The programme has spent R18,482 billion (98.3%) of its allocated funds, amounting to R18,809 billion, which resulted in an under-expenditure of R326,805 million (1.70%).

Programme 6: Health Regulation and Compliance Management

The programme has spent R839,199 million (94.7%) of its R886,045 million allocated funds, with an under-expenditure of R46,846 million (5.3%).

There were delays in the set-up of an office for the new Public Entity: Office of Health Standards Compliance (both capital and current).

2.4 Virements

During the financial year a total amount of R138,791 million as approved for virements.

National Treasury approved the following virements:

R350 000	National Kidney Foundation of South Africa
R2 500 000	National Institute of Communicable Diseases
R62 076	Medical Research Council
R600 000	Wits Health Consortium
R3 300 000	South African Medical Research Council
R1 500 000	Human Sciences Research Council
R6 571 000	Health Information System Programme
R2 000 000	Health Systems Trust
R40 200 000	Increase in intake of medical students
R7 500 000	Implementation of Resolution 3 of 2012 by the Public Service Co-ordinating Bargaining Council (PSCBC)
R8 800 000	National Health Laboratory Services

The Director-General granted approval to effect the following virement:

R3 568 000	Leave gratuity payments
R5 794 000	Payment for machinery and equipment
R3 269 000	Payment for software and intangible assets
R20 068 000	Adjustment in budget allocation for Goods and Services between Programmes
R31 740 000	Adjustment in budget allocation for Compensation of Employees between Programmes
R940 000	Theft and Losses

2.5 Roll overs

None

2.6 Unauthorised expenditure

None

2.7 Fruitless and wasteful expenditure

An amount of R188 000 was recorded during this reporting period.

2.8 Public Private Partnerships

The Health Sector Public Private Partnership (PPP) Programme was finalising feasibility studies for seven PPP projects registered with National Treasury.

The feasibility studies for Chris Hani Baragwanath and Limpopo Academic Hospitals were completed. A review undertaken by the Department found the cost of the current PPP model to be unaffordable

Status of projects as of 31 March 2015.

Name of PPP	Status per AFS 2013-14	Status per AFS 2014-15	Comments
Chris Hani Baragwanath hospital for reconstruction revitalisation and upgrading - Gauteng	Feasibility	Feasibility completed	Feasibility study completed and reviewed. Alternative model investigated and finalised.
New Limpopo Academic Hospital - Limpopo	Feasibility	Feasibility completed	Feasibility study completed awaiting finalisation of the alternative model
Tygerberg Hospital Redevelopment - Western Cape	Inception	Feasibility	Transactional advisors finalised the needs analysis and presented the options analysis
Replacement/ Refurbishment of King Edward VIII Hospital - KwaZulu-Natal	Feasibility	Feasibility	Awaiting finalisation of the alternative model
Nelson Mandela Academic Hospital Eastern Cape	Feasibility	Feasibility	Awaiting finalisation of the alternative model
Dr George Mukhari Academic Hospital Gauteng	Feasibility	Feasibility	Awaiting finalisation of the alternative model to be recommended on the way forward
Tertiary Hospital - Mpumalanga	Inception	Inception	Awaiting finalisation of the alternative model on the way forward

Biovac PPP

The PPP agreement with Biovac Institute is still in effect until 2016. The agreement mandates the institute to source and supply EPI vaccines of good quality at competitive prices to the provincial health departments. The Department of Health shareholding of 35% (R43 918 089,00) in the company (Biovac) was transferred to the Department of Science and Technology with effect from 20 August 2014.

2.9 Discontinued activities / activities to be discontinued

- No activities were discontinued during the year under review.

2.10 New or proposed activities

- None

2.11 Supply chain management (SCM)

No unsolicited bid proposals were concluded by the Department for the year under review.

Processes and controls are in place to curb irregular expenditure as can be seen in its reduction over the last few financial years.

Contract Management is being strengthened in the Department. Capacity is being built within the Department for critical competencies and skills. This will become more important as the Infrastructure implementation matures and gains momentum over the Medium-term Expenditure Framework (MTEF).

The effectiveness of and adherence to procurement measures is being strengthened. Standard Operating Procedures were developed to guide end-users through the SCM processes and to enhance compliance with prescripts.

Redundant, unserviceable and obsolete assets and items were identified and disposed of during the year under review. Some assets were sold as scrap and the others were donated to schools.

2.12 Gifts and Donations received in kind from non related parties

In-kind goods and services amounting to R7.1 million were received during the financial year and are disclosed in Annexure 1F of the Annual Financial Statements.

2.13 Exemptions and deviations received from the National Treasury

None received

2.14 Events after the reporting date

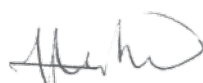
None to report

2.15 Acknowledgements

I wish to express my appreciation to the Minister of Health, the Deputy Minister, as well as all members of staff for their hard work, loyalty and commitment in pursuing the objectives of National Department of Health. I also wish to acknowledge all partners working with us in the implementation of the National Development Plan.

2.16 Approval

The Annual Financial Statements are approved by the Accounting Officer.



**MS M P MATSOSO
DIRECTOR-GENERAL**

Date: 31 July 2015

1.6 Statement of Responsibility and Confirmation of the Accuracy of the Annual Report

To the best of my knowledge and belief, I confirm the following:

All information and amounts disclosed throughout the Annual Report are consistent.

The Annual Report is complete, accurate and is free from any material omissions.

The Annual Report has been prepared in accordance with the guidelines on the Annual Report as issued by National Treasury.

The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard, and the relevant frameworks and guidelines issued by the National Treasury.

The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing, and implementing a system of internal control, which has been designed to provide reasonable assurance as to the

integrity and reliability of the performance information, the human resources information and the annual financial statements.

The Auditor- General of South Africa (AGSA) was engaged to express an independent opinion on the annual financial statements and performance information.

In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2015.

Yours faithfully



MS M P MATSOSO
DIRECTOR-GENERAL
Date: 31 July 2015

1.7 Strategic Overview

Vision

A long and healthy life for all South Africans

Mission

To improve the health status of South Africans through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.

1.8 Legislative and Other Mandates

The Legislative mandate of the Department of Health is derived from the Constitution, the National Health Act, 61 of 2003, and several pieces of legislation passed by Parliament guided by Sections 9, 12 and 27 of the Constitution.

Legislation falling under the Portfolio of the Minister of Health

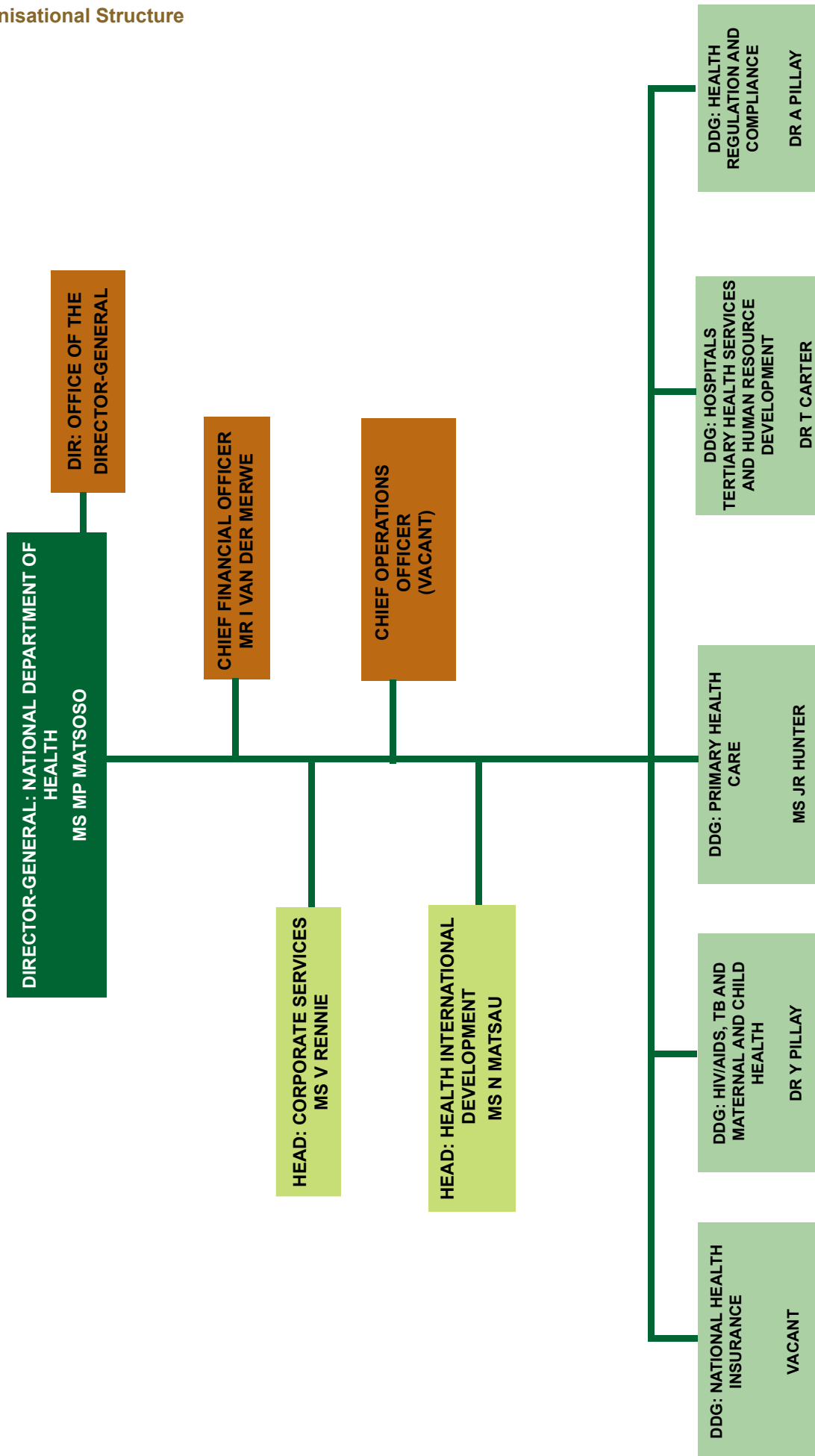
- Allied Health Professions Act, 1982 (Act No. 63 of 1982)
- Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)
- Council for Medical Schemes Levies Act, 2000 (Act No. 58 of 2000)
- Dental Technicians Act, 1979 (Act No. 19 of 1979)
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972)
- Hazardous Substances Act, 1973 (Act No. 15 of 1973)
- Health Professions Act, 1974 (Act No. 56 of 1974)
- Human Tissue Act, 1983 (Act No. 65 of 1983)
- International Health Regulations Act, 1974 (Act No. 28 of 1974)
- Medical Schemes Act, 1998 (Act No. 131 of 1998)
- Medicines and Related Substances Act, 1965 (Act No. 101 of 1965)
- Mental Health Care Act, 2002 (Act No. 17 of 2002)
- National Health Act, 2003 (Act No. 61 of 2003)
- National Health Laboratory Service Act, 2000 (Act No. 37 of 2000)
- Nursing Act, 2005 (Act No. 33 of 2005)
- Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)
- Pharmacy Act, 1974 (Act No. 53 of 1974)
- South African Medical Research Council Act, 1991 (Act No. 58 of 1991)
- Sterilisation Act, 1998 (Act No. 44 of 1998)
- Tobacco Products Control Act, 1993 (Act No. 83 of 1993)

- Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007)

Other Legislation which the National Department of Health must comply with

- Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997),
- Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003)
- Child Care Act, 1983 (Act No. 74 of 1983)
- Control of Access to Public Premises and Vehicles Act, 1985 (Act No. 53 of 1985)
- Conventional Penalties Act, 1962 (Act No. 15 of 1962)
- Designs Act, 1993 (Act No. 195 of 1993)
- Employment Equity Act, 1998 (Act No. 55 of 1998)
- Intergovernmental Fiscal Relations Act, 1997 (Act No. 97 of 1997)
- Labour Relations Act, 1995 (Act No. 66 of 1995)
- Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
- Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)
- Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000)
- Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000)
- Protected Disclosures Act, 2000 (Act No. 26 of 2000)
- Public Finance Management Act, 1999 (Act No. 1 of 1999)
- Public Service Act, 1997 (Proclamation No. 103 of 1994)
- Public Service Commission Act, 1997 (Act No. 46 of 1997)
- Skills Development Act, 1998 (Act No. 97 of 1998)
- State Information Technology Act, 1998 (Act No. 88 of 1998)
- State Liability Act, 20 of 1957 (Act No. 20 of 1957)
- The Competition Act, 1998 (Act No. 89 of 1998)
- The Copyright Act, 1998 (Act No. 98 of 1998)
- The Merchandise Marks Act, 1941 (Act No. 17 of 1941)
- The Patents Act, 1978 (Act No. 57 of 1978)
- Trade Marks Act, 1993 (Act No. 194 of 1993)
- Unemployment Insurance Contributions Act, 2002 (Act No. 4 of 2002)
- Use of Official Languages Act, 2012 (Act No. 12 of 2012)

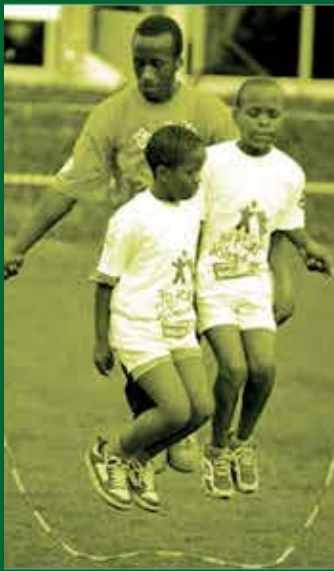
1.9 Organisational Structure



1.10 Entities Reporting to the Minister

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Council for Medical Schemes	Medical Schemes Act, 1998 (Act No. 131 of 1998)	Transfer payment (public entity)	Regulates the Private Medical Scheme Industry.
South African Medical Research Council	South African Medical Research Council Act, 1991 (Act No. 58 of 1991)	Transfer payment (public entity)	The objectives of the Council are to promote the improvement of health and quality of life through research, development and technology transfer
National Health Laboratory Service	National Health Laboratory Service Act, 37 of 2000 (Act No. 37 of 2000)	Transfer payment (public entity)	The service supports the Department of Health by providing cost effective laboratory services to all public clinics and hospitals.
Compensation Commissioner for Occupational Diseases	Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)	Transfer payment (trading entity)	The Commissioner is responsible for the payment of benefits to workers and ex-workers in controlled mines and workers who have been certified to be suffering from cardiopulmonary diseases because of work exposures.
Health Professions Council of SA	Health Professions Act, 65 of 1974 (Act No. 65 of 1974)	Not applicable	Regulates the medical, dental and related professions.
SA Nursing Council	Nursing Council Act, 33 of 2005 (Act No. 33 of 2005)	Not applicable	Regulates the nursing profession.
SA Pharmacy Council	Pharmacy Act, 1974 (Act No. 53 of 1974)	Not applicable	Regulates the pharmacy profession.
Dental Technicians Council	Dental Technicians Act, 1979 (Act No. 19 of 1979)	Not applicable	Regulates the dental technicians professions.
Allied Health Professions Council	Allied Health Professions Act, 1982 (Act No. 63 of 1982)	Not applicable	Regulates all allied health professions falling within the mandate of council
Interim Traditional Health Practitioners Council	Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007)	Funds meetings of the Interim Council	Regulates traditional health practice and traditional health practitioners including students engaged in or learning traditional health practice in South Africa
Medicines Control Council	Medicines and Related Substances Act, 1965 (Act No. 101 of 1965)	Not applicable	Regulates the registration of medicines and medical devices
Office of Health Standards Compliance	National Health Amendment Act, 2013 (Act No. 12 of 2013)	Not applicable	Assesses and monitors compliance by health facilities with core standards of care

PART B:



PERFORMANCE INFORMATION

2.1 Auditor-General's Report: Predetermined Objectives

The Auditor-General of South Africa (AGSA) currently performs certain audit procedures on the performance information. Material findings are reported under the Predetermined Objectives heading on the section of the

auditor's report on other legal and regulatory requirements.

Refer to page 96 for the Report of the AGSA, published in Part E: Financial Information.

2.2 Overview of Departmental Performance

Service Delivery Improvement Plan

The Department has an approved Service Delivery Improvement Plan (SDIP). The following tables highlight the SDIP and the achievements to date.

Main services	Actual customers	Potential customers	Standard of service	Actual achievement against standards
Support and provide policy guidance and technical guidelines to provinces	All provincial Departments of Health	Patients and the public	Care, management and treatment protocols and guidelines are evidenced-based and used	Care, management and treatment protocols/guidelines issued
Assess and monitor compliance with standards of care	All health facilities	Patients and the public	Eight core standards of care	Unannounced assessment visits to public health facilities.
Registration of medicines by the Medicines Control Council.	Pharmaceutical industry, distributors and wholesalers, retail pharmacies, research institutions and health professionals	Patients and the public	Processing of applications for registration of medicines and medical devices in South Africa	Safe, effective and efficacious medicines registered
Provision of diagnostic pathology services	Public health facilities	Patients and clinicians	High quality services by benchmarking against international standards through accreditations of laboratories and conducting external quality assessment and internal quality control	Diagnostic laboratory results provided
Provision of forensic laboratory services	South African Police Services, National Prosecuting Authority, Forensic Pathology Services Mortuaries, Municipalities (forensic food services)	Families of deceased, the public	High quality services by benchmarking against international standards through accreditations of laboratories and conducting external quality assessment and internal quality control	Analytical test results provided for legal purposes
Compensations for occupational lung disease in miners and ex-miners	Miners and ex-miners	Families of miners and ex-miners, the mining industry	Processing of claims for benefit medical examination of miners and ex-miners	Claims for medical benefits processed and finalised
Providing HR advice and directives	Employees of the National Department of Health	Department of Public Service and Administration (DPSA), other government departments	Sound HR advice and directives	HR advice and directives are continuously provided in line with the regulatory framework
Ensuring on-going consultation with stakeholders on matters of mutual interest	Organised labour organisations	PHSDSBC	Functioning bargaining structures in place.	Regular engagement with stakeholders takes place in the Bargaining Chamber
Facilitate the improvement of the administration of the performance management and development system	Employees of the National Department of Health	DPSA, Cabinet	A functional performance management and development system	A performance management and development system has been reviewed in line with the strategic direction of the Department

Consultation arrangements with customers

Type of arrangement	Actual Customers	Potential Customers	Actual achievements
Consultative fora	Key stakeholders in health sector including public, private, non-government sectors and development partners	Patients and public	Regular consultations of key stakeholders on national health and policy issues
Accessibility to all HR services and information	All employees in the National Department of Health	Other state departments and organs of state	Information is accessible on request, and on a regularly updated Departmental intranet site and circulars
Active engagement with affected employees and organised labour in the PHSDS-BC on matters of mutual interest	Organised labour organisations	PHSDSBC	Regular engagement with stakeholders takes place in the Bargaining Chamber. These consultations have, for example, contributed to the successful transfer of Port Health Services from provincial to national structures

Service delivery access strategy

Access Strategy	Actual achievements
Personal interaction, circulars, briefings to Management, induction sessions and workshops	Information is available and accessible based on the requirements from clients

Service information tool

Types of information tool	Actual achievements
Quarterly reporting against the Government Programme of Action Outcome Two, Annual Performance Plan and Operational Plans	Quarterly reporting against set targets
Publishing of the Human Resources Plan	Annual reporting against a HR Action Plan
Placement of Circulars on the intranet	Regular updates on directives done

Complaints mechanism

Complaints Mechanism	Actual achievements
Grievance and complaints procedure	HR related grievances are addressed in collaboration with Employment Relations and the relevant line managers.

Organisational environment

The organisational structure has been reviewed to maximise achievement on the Department's strategic priorities. The success of the implementation thereof is highly dependent on alignment with the allocated available budget. The current approved organisational structure takes into consideration the change of organisational culture, improvement of productivity, development of leadership capability and repositioning of the National Department of Health (NDoH) as an employer of choice, whereby only candidates who meet the profile of the desired NDoH cadre of employees will be considered for appointment.

Key policy developments and legislative changes

In its focus on health, the NDP states:

We envisage that in 2030, South Africa will have a life expectancy rate of at least 70 years for men and women. The generation of under-20s will be largely free of HIV. The quadruple burden of disease has been radically reduced compared to the two previous decades, with an infant mortality rate of less than 20 deaths per thousand live births and an under-five mortality rate of less than 30 deaths per thousand live births. There has been a significant shift in equity, efficiency, effectiveness and quality of health care provision. Universal coverage is available. The risks by the social determinants of disease and adverse ecological factors have been reduced significantly.

Three issues will determine the country's progress towards attaining universal health coverage and the realisation of the NDP vision, goals and targets for 2030, namely:

- the successful implementation of the NHI;
- the outcomes of the Competition Commission's Public Market Inquiry into the cost of private health care; and
- issues pertaining to the explosion of medico-legal litigation.

During the 2014/15 financial year, the Department of Health continued to implement plans to strengthen the public health system. Strengthening health care systems is key in achieving service delivery outputs and for programmatic performance. Health programmes contribute significantly towards improved life expectancy rate and decreasing mortality figures.

In preparation for National Health Insurance, President Zuma launched Operation Phakisa Ideal Clinic on 18 November 2014. Operation Phakisa culminated in a detailed plan for turning all clinics and community health centres into Ideal Clinics. The plan aims to ensure provision of good clinical care and improve the experience of patients who visit health facilities. Teams dedicated to ensuring that all elements required for fully functional clinics are being established, especially in the NHI pilot districts. Similar teams will be established in the rest of the 52 districts in the country. A similar approach will also be extended to hospitals in the near future.

The Medicines and Related Substances Amendment Bill to create South African health products is currently being deliberated by the National Portfolio Committee on Health. The proposal is to bring the medical devices industry, as well as pharmaceuticals, under the jurisdiction of South African Health Products Regulatory Authority (SAHPRA). SAHPRA will be established as a Section 3A Public Entity and would thus be able to retain funds from application fees which can be utilised to employ experts to evaluate applications on a full-time basis.

2.3 Strategic Outcome Oriented Goals

Strategic Approach

The National Development Plan (NDP) 2030 and the World Health Organization (WHO) recognise that a well-functioning and effective health system is the bedrock for attaining the health outcomes envisaged in the NDP 2030. The trajectory for the 2030 vision, therefore, commences with strengthening of the health system to ensure that it is efficient and responsive, and offers financial risk protection.

In 2014/15, the National Health Council (NHC) – the Implementation Forum for Outcome 2 “A long and healthy life for all South Africans” – directed and managed the implementation of the strategic priorities for steering the health sector towards Vision 2030. This Implementation Forum consists of the Minister of Health and the nine Provincial Members of the Executive Council (MECs) for Health. The Technical Advisory Committee of the NHC (Tech-NHC) functions as the Technical Implementation Forum. The Tech-NHC consists of the Director-General of the National Department of Health (DoH) and the Provincial Heads of Department (HoDs) of Health in the nine provinces.

The National Development Plan ('Vision 2030')

The Annual Performance Plan 2014/15 was the vehicle through which the nine long-term health goals for South Africa set out by the National Development Plan (NDP) were implemented during the year under review. Five of these goals relate to improving the health and well-being of the population, and the other four deal with aspects of health systems strengthening.

Priorities to achieve Vision 2030

The NDP 2030 states explicitly that there are no 'quick fixes' for achieving its nine goals. The NDP also identifies a set of nine priorities that highlight the key interventions required to achieve a more effective health system, and thus the desired outcomes. The priorities are as follows:

- Address the social determinants that affect health and diseases;
- Strengthen the health system;
- Improve health information systems;
- Prevent and reduce the disease burden and promote health;
- Financing universal healthcare coverage;
- Improve human resources in the health sector;
- Review management positions and appointments and strengthen accountability mechanisms;
- Improve quality by using evidence; and
- Establish meaningful public-private partnerships.

Progress Made with Strategic Goals

The Rapid Mortality Surveillance Report 2013 of the South African Medical Research Council (MRC) showed that total life expectancy in South Africa has increased from an estimate of 61.2 years in 2012 to 62.2 in 2013. Infant mortality rate estimates showed an increase from 27 deaths per 1 000 live births in 2012 to 28 deaths per 1 000 live births in 2013. Both the under-five mortality and the neonatal mortality rates remained stable at 41 deaths per 1 000 live births and 11 deaths per 1 000 live births respectively between 2012 and 2013. The MRC's recent Second Burden of Disease Study for the period 1997 to 2010 reveals that major gains were made in the total life expectancy at birth, the infant mortality and the under-five mortality rates from 2005 onwards. Life expectancy started increasing in 2006 from 54 years to 58.5 in 2010, and further to 62.2 years in 2013. The infant mortality rate has been declining since 2005 from 51.4 per 1 000 to 35.2

per 1 000 in 2010 and 27.4 per 1 000 in 2011. The under-five mortality rate peaked at 80.8 per 1 000 in 2003, then declined to 52.1 per 1 000 in 2010 and to 40 per 1 000 in 2013. The maternal mortality ratio (MMR) has been reduced from 302 per 100 000 live births in 2009 to 197 per 100 000 live births in 2011.

During this period, the mortality patterns changed markedly due to substantial decreases in mortality from HIV and AIDS and tuberculosis as a result of effective health interventions. The Second Burden of Disease Study singled out the antiretroviral therapy and prevention of mother-to-child transmission of HIV programmes as having significantly reduced the profile of HIV as a cause of death. Injury mortality rates have also declined, whilst the level of homicides remains relatively high.

In 2014/15, the Department continued to implement plans, strategies and actions geared towards attainment of its five-year strategic goals. Progress was monitored and reported on a quarterly basis. As part of the TB screening programme funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, we have prioritised TB screening in prisons, mines and six peri-mining communities. By the end of the financial year, the number of inmates tested using GeneXpert™ was 70 425. In addition, 252 843 community members in the six targeted peri-mining communities were screened for TB, and 222 113 were counselled and tested for HIV. We have also monitored the percentage of mines that are conducting routine screening of miners for TB, and found that 88% of mines are routinely screening miners.

2.4 Performance Information by Programme

Programme 1: Administration

Purpose: Provide overall management of the Department and centralised support services.

This programme consists of the following sub-programmes:

- Ministry
- Management
- Financial Management
- Corporate Services

Key **Corporate Services** Functions are as follows:

The Human Resources Management successfully completed the PERSAL Clean-up Process. The Departmental vacancy rate is at 6.6%, which is below

the Department of Public Service and Administration's (DPSA) prescribed 10%. The percentage of submission of Performance Agreements to the DPSA and/or the Public Service Commission (PSC) by Senior Management Service (SMS) members has increased to 98% in 2014/15, compared to 94% in 2013/14. The average turnaround time for recruitment processes was within five months as against the target of four months; this was attributed to the shortage of suitable applicants for certain posts resulting in posts being advertised more than once, and in certain instances, a need for headhunting.

The Legal Services among others, is responsible for reviewing legislation and preparation of Service Level Agreements. During 2014/15, a total of six legislative instruments were reviewed. These included the National Health Laboratory Service Act (37 of 2000), the Nursing Act (33 of 2005), the Council for Medical Schemes Act (131 of 1998), the Tobacco Products Control Act (83 of 1993), the Occupational Diseases in Mines and Works Act (78 of 1973) and the National Health Act (61 of 2003). The purposes of the review were to align the legislation with the Constitution, to identify obsolete and discriminatory provisions, and to strengthen the governance of the statutory councils and public entities.

The Legal Services also drafted, amended or vetted 132 Service Level Agreements. These included 102 Service Level Agreements for infrastructure projects which are critical for the revitalisation of the health infrastructure (hospitals, clinics and community health centres). Furthermore, 30 Service Level Agreements were drawn up for the chronic medicines pick-up points to alleviate the problem of queues in hospitals. This will enable patients to collect prescribed medicines at their nearest or most convenient pick-up points.

The Communications Cluster implemented the Department's broad Communication Strategy by supporting all Ministerial and Departmental activities. A five-year Communication Strategy was developed in line with Government Communications and Information Services (GCIS) guidelines. The Department also procured a media monitoring tool which is used in gathering media reports from various platforms nationally and internationally and producing internal monthly and quarterly media analysis reports. A national Communicators' Forum was held. Communication-related operational plans were also developed in support of priority projects.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Ensure effective financial management and accountability by improving audit outcomes	Audit opinion from Auditor General	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	None	None
	Audit opinion from Auditor General for Provincial Departments of Health	2 unqualified audit opinions	3 unqualified audit opinions	3 unqualified audit opinions	None	None
	Number of provinces that submit reports against defined set of non-negotiable items on a monthly basis	9	9	All nine provinces submitted signed-off reports	None	None
Develop and implement the ICT Governance framework by focusing on the ICT continuity plan inclusive of an ICT disaster recovery plan	Develop and implement ICT Continuity Plan inclusive of a ICT disaster recovery plan	A draft IT Service Continuity Plan developed.	ICT continuity plan inclusive of an ICT Disaster Recovery Plan (DRP) finalised and approved	The ICT Service Continuity plan was finalised and approved	None	None
Provide support for effective communication by developing an integrated communication strategy and implementation plan	Develop an integrated communication strategy and implementation plan	New Indicator	Communication Strategy finalised and approved	Communication Strategy in line with GCIS was finalised and approved	None	None
Ensure efficient and responsive Human Resource services through the implementation of efficient recruitment processes and responsive Human Resources support programme	Average turnaround time for recruitment processes	New indicator	Average turnaround time for recruitment processes will be four months	Average turnaround time for recruitment processes was within five months	There are instances of posts at SMS level being filled after the five-month period	Shortage of suitable applicants for posts results in posts being re-advertised; sometimes headhunting is also required
	Develop and implement Employee Wellness Programme that complies with Public Service Regulations and Employee Health and Wellness Strategic Framework	New Indicator	All 4 EHW Pillars for improved employee well being and productivity implemented.	All 4 EHW Pillars were integrated and implemented as per EHW Strategic Framework.	None	None
Provide leadership in the health sector by integrating all health sector plans and providing support for developing identified plans	Develop and implement a framework for Integrated Health Service Plans at all levels of the health sector	New indicator	Draft Framework for integrated health service plans developed	The Framework for integrated Health Service Plans was developed and implemented at National and Provincial DoH	None	None
	Review Provincial Annual Performance Plans (APP)	9 Provincial APPs analysed and feedback provided.	9 Provincial APPs reviewed and feedback provided.	9 Provincial APPs were reviewed and feedback was provided	None	None
Establishment of fora for consultation of stakeholders on identified legislation, regulations and policy processes	Number of fora for consultation established	New Indicator	1 National and 9 Provincial fora established	1 national and 4 provincial health consultative fora. Six subcommittees of the Technical Committee of the National Health Council met regularly to consult with provinces and districts and make recommendation to the Technical Advisory Committee. Consultative meetings were convened with various groups including traditional healers. A national task team on obesity was appointed	-5 provincial consultative fora	Consultations were conducted on topical issues, this negated the requirement for the establishment of provincial fora

Strategy to overcome areas of under performance

None.

Changes to the planned targets

None.

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Ministry	29 083	28 851	232	31 657	27 595	4 062
Management	21 518	20 885	633	25 539	19 453	6 086
Corporate Services	182 471	178 331	4 140	182 449	157 816	24 633
Office Accommodation	110 525	110 449	76	97 514	93 531	3 983
Financial Management	54 134	47 960	6 174	55 903	54 521	1 382
Total	397 731	386 476	11 255	393 062	352 916	40 146

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 2: National Health Insurance, Health Planning and Systems Enablement

Purpose: Improve access to quality health services through the development and implementation of policies to achieve universal coverage, health financing reform, integrated health systems planning, research, reporting, as well as monitoring and evaluation.

This programme consists of the following five sub-programmes:

- Technical Policy and Planning
- Health Information Management, Monitoring and Evaluation
- Sector-wide Procurement
- Health Financing and National Health Insurance
- International Health and Development

The Technical Policy and Planning Sub-programme provides advisory and strategic technical assistance on policy and planning, and supports policy implementation.

The Department provided leadership for the integration of national health system planning. During the financial year, the Department facilitated the identification of Health System Priorities for the period 2014–2019 through the Medium-term Strategic Framework 2014–2019 consultative process. The Department produced frameworks and guidelines to co-ordinate planning in the health system. This co-ordinated approach to planning ensured that nine provincial Departments of Health and the National Department of Health respond to the identified Health System Priorities.

The Health Information Management, Monitoring and Evaluation Sub-programme develops and maintains a national health information system, commissions and coordinates research, develops and implements disease surveillance programmes, and monitors and evaluates strategic health programmes.

The eHealth Strategy South Africa provides a road-map for achieving a well-functioning national health information system with the patient at its centre. This system will generate comprehensive, reliable, good quality data for patient care, health planning, resource allocation and enhancing management capabilities.

Early in the 2014/15 financial year, the Department gazetted the National Health Normative Standards Framework for Interoperability in eHealth in South Africa, and soon thereafter commissioned the Council for Scientific and Industrial Research (CSIR) to assess the level of Primary Health Care Patient Information Systems (PHC-PIS) implementation across the country against the published National Health Normative Standards Framework. Following the completion of the assessment, the CSIR also conducted an analysis of the costs entailed in implementing each of these systems. The Department will conduct a similar assessment for all Hospital Information Systems in the next financial year.

The project to implement the eHealth strategy and interoperability standards at 700 PHC facilities in the NHI pilot districts offers a unique opportunity to deploy information communication technology for strengthening the national health system and thereby measure NHI district performance against key indicators. The Department integrated eight information system initiatives targeting primary health care facilities into this project, one of which aims to develop and implement a Health Information Exchange in a phased manner and is thus a significant component of the business architecture that is being developed. The Department conducted a pilot study to determine the status of routine paper-based data

collection tools in primary health care facilities. The study determined that up to 65 different paper-based routine data collection tools are being used at facility level. During 2014/15, routine data collection tools were integrated and rationalised to only six data registers which were implemented in the 3 641 primary health care facilities.

The National Health Act (61 of 2003) mandates the Minister of Health to establish the National Health Research Committee (NHRC) in terms of Section 69. In 2014/15, the NHRC led the development of the draft National Research Strategic Plan for 2015–2030. This draft document will be reviewed by various stakeholders and experts, and will be finalised in 2015/16. The National Research Strategic Plan for 2015–2030 addresses four key functions of a National Health Research System, including sustainable financing of health research, strengthening human resources capacity, the development of infrastructure to conduct health research at all levels of the national health system, and effective translation of research findings into policy, programmes and practice.

A concept paper and business plan for the establishment of the National Health Research Observatory (NHRO) was developed. The NHRO is a structure and a platform that provides knowledge and intelligence on health research conducted in South Africa. It maps out health research trends by disease and geography, monitors funding and impact, and assists in identifying gaps, inequities and priorities. The National Health Research Committee (NHRC) has embarked on an extensive consultative process for the NHRO establishment. As part of the NHRO development, the National Health Research Database (NHRD) was launched on 29 October 2014. The NHRD is a single-source database for all health research conducted in South Africa. It generates knowledge and understanding of health and disease-related research in South Africa in terms of researchers' details, where the research is conducted, the allocated budget, and alignment with national health priorities. The information is used to monitor national research trends, map health research types, expenditures and funding, as well as identify research gaps and inefficiencies in research. This is the initial phase of the establishment of the Observatory.

The National Department of Health participated in the Third Global Symposium on Health Systems Research held in Cape Town between 30 September and 3 October 2014, the theme of which was the "Science and Practice of People-centred Health System". The Symposium was attended by over 2 000 participants from approximately 125 countries, and included policy-makers, activists, community representatives, managers, researchers and educators. The NDoH made key contributions to the Symposium, including presentations on experiences in primary health care engineering, health systems reforms and universal health coverage.

The National Health Scholars Programme (NHSP) aims to provide Master's and Doctoral scholarships in order to develop a new cadre of young health researchers in South Africa. The NHSP is a collaborative initiative of the National Department of Health and Chief Executive Officers of 40 companies funded through the Public Health Enhancement Fund. In 2014/15, 18 new students were enrolled in the NHSP. Since the launch in 2013 by the Health Minister, Dr Motsaoleli, a total of 55 students have been enrolled. Six NHSP students graduated in 2014/15, four with PhDs and two with Master's degrees.

The National Health Research Ethics Council (NHREC) released its 2014/15 Annual Report in which the following achievements are highlighted: a) revision and release of National Health Ethics Guidelines; b) registration and assessment of 12 Human Research Ethics Committees (RECs); c) publication of Regulations on Human Subjects;

d) facilitation of the process to delegate ministerial powers to consent for non-therapeutic research on minors to 33 audited RECs; e) an audit of 18 animal RECs; and f) a review of the 2006 National Good Clinical Guidelines for Clinical Trials.

The Integrated Monitoring and Evaluation Plan for the Five-year Strategic Plan (2014–2019) was prepared. The overall rationale of the integrated Health M&E Strategy is to generate information and evidence for health planning, programme designs and implementation. It integrates monitoring of and quarterly reporting for Annual Performance Plans and the Government Programme of Action, as well as monitoring and reporting of Conditional Grants. The strategy also proposes the development of M&E Frameworks and a comprehensive set of indicators covering varied and multiple health information needs and evidence.

The Framework for the Development and Quarterly Monitoring of the Annual Performance Plans and the Operational Plans of the National Department of Health was also revised, in preparation for use in quarterly performance reporting and monitoring of the Annual Performance Plan 2015/16. The Department improved performance on monitoring and evaluation from a rating of two to a rating of four on the Management Performance Assessment Tool (MPAT) administered by the Department of Performance Monitoring and Evaluation.

The Sector-wide Procurement Sub-programme is responsible for the selection of essential medicines, development of standard treatment guidelines, administration of pharmaceutical tenders, procurement, and the licensing of persons and premises that deliver pharmaceutical services.

Three service providers were appointed to implement the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme on an ongoing basis, covering chronic prescriptions for 183 989 patients. In 2014/15 a total of 14 tenders were awarded for medicines and medically related items. Systems for improved contract management were strengthened in order to identify and address poor supplier performance. In addition, surveillance systems have been developed and successfully piloted to monitor medicine availability at clinics and will be rolled out to other provinces. Electronic stock management systems were implemented in 39 hospitals in order to strengthen demand planning and governance. Access to medicines was enhanced with the approval of 306 pharmacy licences and 2 391 dispensing licences.

The Essential Medicines Review outcomes were achieved by means of the National Essential Medicines List Committee supported by its expert technical committees.

The Health Financing and National Health Insurance Sub-programme develops and implements policies and legislation for National Health Insurance; undertakes health financing and health economics research; develops policy and legislation for the medical schemes industry; oversees the co-ordination of research into alternative healthcare financing mechanisms for achieving universal health coverage; and oversees the NHI Conditional Grants, i.e. the NHI Direct Grant allocated for the NHI pilot districts, and the NHI In-kind component directed at developing the Diagnosis-related Groups as an alternative reimbursement and budgeting tool for hospitals. The sub-programme is also responsible for the implementation of the Regulations relating to the transparent pricing system, which includes annual review of the single exit price and dispensing fee, and implementation of international benchmarking and logistic fees.

The health sector continued with the implementation of

key strategies linked to the NHI Pilot Sites. The country is still within the first phase of implementation of NHI, which is planned to take five years. In 2014/15, all NHI districts reported full integration, co-ordination and alignment between District Health planning and implementation with that of NHI pilot activities. This is a significant improvement over the previous financial year, when only six out of 10 districts reported integration of NHI pilot activities into routine district management planning and implementation. All pilot districts have appointed, or have proxy for, NHI co-ordinators, at both the provincial and the district level.

The National Department of Health has initiated a process of developing and testing a Diagnosis-related Groups (DRG) as an alternative reimbursement tool for hospitals. Phase 1 of this programme involves developing a base DRG tool for the 10 central hospitals across the country. As at March 2015, the Department had extracted clinical and financial data from central hospitals in Gauteng (Steve Biko Academic, Chris Hani Baragwanath, Charlotte MaXeke and Dr George Mukhari), in KwaZulu-Natal (Inkosi Albert Luthuli and King Edward VIII), in Eastern Cape (Nelson Mandela Academic) and in the Free State (Universitas Academic Hospital). The data from the Western Cape hospitals (i.e. Groote Schuur and Tygerberg) are still to be collected and analysed.

A total of 22 500 clinical files (i.e. 108% of the set target) have been analysed and data extracted. The data have been categorised into 25 Major Disease Categories as part of the preliminary technical work to develop and apply a disease algorithm. Technical work on case-mix and actuarial analyses has been undertaken on the data that have been aggregated, and a triangulation process has been undertaken with regard to data from third party sources. The next phases of work involve further in-depth case-mix analyses, followed by the modelling and fitting of the algorithm. These phases will also involve independent review of the work done to ensure technical robustness and applicability within the South African context.

During the past three financial years (2012/13 to 2014/15), revenue amounting to R1.3 billion was collected by 13 hospitals. During the 2014/15 financial year, the total revenue collected was R450 million. The average per year is R433 million, of which the greater proportion was collected by five central hospitals, namely: Charlotte MaXeke Johannesburg Academic, Chris Hani Baragwanath, Steve Biko, Dr George Mukhari and Universitas Academic hospitals. The Revenue Retention Model (RRM) was discussed by the Chief Financial Officers Forum (CFOF) and the National Hospital Co-ordinating Council (NHCC) respectively. Further consultations are required with the Financial and Fiscal Committee (FFC) and MECs, as the retention model impacts on the Equitable Share (ES).

The **International Health and Development** develops and implements bilateral and multilateral agreements with strategic partners such as the Southern African Development Community (SADC), the African Union (AU), United Nations (UN) agencies as well as other developing countries and economic groupings of countries such as India-Brazil-South Africa (IBSA) and Brazil-Russia-India-China-South Africa (BRICS) to strengthen the health system. It manages processes of technical capacity and financial assistance to South Africa; strengthens co-operation in areas of mutual interest globally; co-ordinates international development support; and profiles and lobbies for South Africa's policy position internationally.

South Africa is signatory to a number of international treaties and instruments such as International Health Regulations (2005), the Framework Convention on Tobacco Control (FCTC), and other human rights conventions such as the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms

of Racial Discrimination, the African Charter on Human and Peoples' Rights, and the SADC Protocol on Health. Furthermore, South Africa has supported the adoption of important international reports and World Health Organization (WHO) resolutions such as the Action Plan for the prevention of avoidable blindness and visual impairment; follow-up actions to recommendations of high-level commissions convened to advance women's and children's health; the Follow-up of the Report of the Consultative Expert Working Group on Research and Development: Financing and Co-ordination; Patient Safety and the Global strategy to reduce the harmful use of alcohol; as well as the Abuja Call for Action and the Maseru Declaration on HIV and AIDS. As such, the cluster has accelerated the domestication and implementation of these treaties and resolutions.

The promotion of the Development Agenda remains an important foreign policy priority for South Africa. During 2014/2015, this sub-programme co-ordinated South Africa's active participation in the Stop TB Partnership Co-ordinating Board, through South Africa's Minister of Health serving as the current Chair of the Board. South Africa continues to provide leadership and direction, monitors the implementation of agreed policies, plans and activities of the partnership, and ensures that the Board adopts a developmental approach.

Moreover, South Africa continues to play an active role in international efforts to seek global responses to global health challenges and global economic and financial crises. South Africa participates as an executive member of the Board of the World Health Organization represented by the Director-General. As a Board member, South Africa provides support to and supervises the WHO's work and contributes to interventions that address global health challenges. In an effort to influence the global health agenda, South Africa participated in the following multilateral health fora: the World Health Assembly (WHA) in Geneva; the World Health Organization-Africa Region (WHO-AFRO); the World Economic Forum in Switzerland; the 136th Executive Board Meeting of WHO in Geneva; the 2015 World Innovation Summit for Health in Doha, Qatar; the Economist's Pharma 2015 Conference in the United Kingdom; the Sixteenth World Conference on Tobacco in Abu Dhabi; the African Union (AU) and the Southern African Development Community (SADC) in Zimbabwe. Through participating in international fora and multilateral organisations, one of South Africa's objectives is to follow-up on the implementation of the outcomes of these major summits and conferences, particularly in the areas of health systems strengthening, financing for development through universal health coverage and poverty eradication, in line with South Africa's health policies and programmes.

The Memorandum of Understanding (MoU) on improving access to paediatric HIV treatment in South Africa between the NDoH and the Drugs for Neglected Diseases initiative (DNDI) was developed. This partnership will ensure improved access to paediatric HIV treatment in South Africa, Africa and the world. An Action Plan for the implementation of the Project on Improving Access to Paediatric HIV Treatment in South Africa was approved.

Four cross-border projects of the SADC HIV and AIDS Fund continued to be implemented under Phase 1. These are:

- Research on health vulnerabilities of mobile populations and affected communities in selected ports.
- Towards a common destination: Developing best practices through shared experience of institutional response to HIV and AIDS in selected universities in southern Africa.
- Food security and nutrition as effective and sustainable prevention, treatment and impact mitigation responses to the HIV and AIDS epidemic in Southern Africa.
- Building the Capacity of Traditional Health Practitioners in HIV/AIDS Prevention and Care under the SADC HIV Trust Fund. This project has resulted in the training of Traditional Health Practitioners in North West, Limpopo and Mpumalanga provinces.

Through various humanitarian programmes, South Africa provided assistance in response to the recent Ebola virus outbreak in Guinea, Sierra Leone and Liberia. A total of 33 South African volunteers were placed in Sierra Leone to combat the Ebola disease outbreak. South Africa also donated items such as food, medicines, motorcycles and ambulances to Guinea, Sierra Leone and Liberia.

The first Extraordinary Meeting of SADC Health Ministers' Emergency on Ebola virus disease (EVD) Outbreak Preparedness and Response was convened in Johannesburg on 6 August 2014, and was attended by a ministerial delegation. The meeting resulted in the development of a Regional Roadmap for EVD Outbreak Preparedness and Response and a related SADC Communiqué, which disseminated information about the adoption of a Common Regional Position on Travel of Persons and Trucks/Commercial Vehicles from Ebola-affected countries and the standardisation of public health interventions to prevent the spread of EVD into their respective countries. The report was presented and approved by SADC Health Ministers during their meeting in Zimbabwe in January 2015. .

In the area of bilateral relations, the Department continues to share knowledge and information on various areas of collaboration with strategic countries such as Cuba, Botswana, Uganda, Namibia and Ghana.

Various resource mobilisation projects with development partners were also accomplished, including the EU Primary Care grant, and a contractual agreement between the United Nations Industrial Development Organisation and the North-West University, Potchefstroom Campus. The NDoH also facilitated the signing of an MoU with the Federal Department of Home Affairs (Swissmedic); a ceremony for the handover of an obstetric ambulance by the Government of the Republic of Turkey; as well as the release of the additional variable tranches for the Primary Health Care Sector Policy Support Programme (PrimeCare SPSP).

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Achieve Universal Health Coverage through the phased implementation of the National Health Insurance(NHI)	Legislation for NHI	Draft White Paper on NHI revised and tabled to the Social Cluster in November 2013	Draft NHI Bill gazetted for public consultation	The Draft White Paper for the NHI Bill has been revised and prepared for submission to Cabinet	The White Paper was not presented to Cabinet for consideration	The White Paper requires agreement with National Treasury before submission to Cabinet
	Piloting of NHI in selected districts across the country	New Indicator	10 NHI pilot districts across the country.	NHI interventions piloted in the 10 NHI districts.	None	None
	Establishment of the National Health Insurance Fund	Draft document outlining the proposed structure of the NHI Fund prepared	Funding modality for the National Health Insurance Fund including budget reallocation for the district primary health care (PHC) personal health services developed	The draft funding modality for the NHI Fund has been developed	The final document outlining the funding modality for the NHI Fund has not been finalised	The finalisation of the document is dependent on approval of the NHI White Paper. The joint Health Treasury technical working group has been established to finalise the NHI policy proposals including the establishment of the NHI fund
Regulate health care in the private sector by establishing National Pricing Commission and legislating methodologies for calculating fees	Revise and legislate methodology for the determination of the dispensing fee	New Indicator	Systematic survey for the dispensing fee completed for 2015/16 cycle	The revised dispensing fee regulation was published on 13th March 2015	None	None
	Revise and legislate methodology for the determination of the logistics fee	New Indicator	Revise the instruction document on how to calculate the Logistics Fee for 2015/16	The revised logistics fee regulation calculation was published.	None	None
	Publish revised Single Exit Price adjustment methodology.	New Indicator	Implementation of the gazette 2014/15 Annual Price Adjustment	The 2014/2015 Annual Single Exit Price Adjustment was implemented	None	None
Improve management and control of pharmaceutical services	Percentage of the PHC Essential Medicines List (EML) and Standard Treatment Guidelines (STGs) reviewed	New Indicator	Review 100% Primary Health-care EML/STG & publish 2014 edition	100% of the Primary Healthcare EML/STG was reviewed and published	None	None
	Percentage of the Hospital Level Paediatric Essential Medicines List (EML) and Standard Treatment Guidelines (STGs) reviewed	New Indicator	Review 20% Hospital Level Paediatric EML/STG.	24% of the Hospital Level Paediatric EML/STG was reviewed	+ 4%	The project plan was flexible enough to accommodate activities and meetings that have not been scheduled for December to January where the performance is likely to decline
Percentage of the Hospital Level Adult Essential Medicines List (EML) and Standard treatment Guidelines (STGs) reviewed	New Indicator	Review 50% of Hospital Level Adult EML/STG.	36% of the hospital level adult EML was reviewed	-14%	The Review of the STG and EML includes peer review from various stakeholders. Each comment is then reviewed by the Expert Review Committee. As the volume of comments received cannot be predicted, the time needed to review all comments is an estimated time. An increased volume of comments were received as a result of increased participation from stakeholders, thus requiring more time to review the comments and evidence submitted prior to finalisation of the STGs	
	Number of medicines review reports approved by the NELMC for inclusion in the tertiary EML	New Indicator	Complete 12 medicine reviews for Tertiary level and update list	12 medicine reviews for Tertiary level were completed and the list was updated	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Central chronic medicine dispensing and distribution	Number of districts implementing centralised chronic medicine dispensing and distribution	New Indicator	Implemented in all 10 NHI pilot districts	Ten NHI districts have implemented the centralised chronic medicine dispensing and distribution system	None	None
Strengthen revenue collection by incentivising central hospitals to increase their revenue collection	Develop and implement a Revenue Retention model	6 central hospitals improved their annual revenue collection	Draft hybrid revenue retention model developed.	Hybrid revenue retention model developed	None	None
Develop Business and Enterprise architecture for eHealth	Develop a complete system design for a National Integrated Patient based information system	Normative Standards Framework for eHealth developed	Business architecture for a National Integrated Patient Based Information System developed	Draft architecture for a National Integrated Patient Based Information Systems was developed	Not yet fully established	Partial definition of Business Architecture for a National Patient Based Information System
Establish a National Health Research Observatory	Functional Health Research Observatory	New indicator	Concept paper for the establishment of the National Health Observatory approved	A concept paper and business plan for the establishment of the National Health Observatory was developed	The National Health Observatory concept paper has not been approved, pending the outcome of an extensive stakeholder consultation process	The National Health Observatory began in 2014/15 with the launch of National Health Research Database in October 2014 , and continued provincial capacity building for provinces to run this database
Develop and implement an integrated monitoring and evaluation plan aligned to health outcomes and outputs contained in the Health Sector Strategy	Develop and implement Integrated monitoring and evaluation plan	Monitoring and evaluation plan for health reviewed and revised	Monitoring and evaluation plan for health developed	The Monitoring and Evaluation Plan for health was developed and revised	None	None
Establish a coordinated disease surveillance system for Notifiable Medical Conditions (NMC)	Develop and implement a strategy and plan for the integration of disease surveillance systems for NMC	New Indicator	Draft strategy for the integration of disease surveillance systems for NMC developed.	Draft strategy was developed. As part of strategy implementation, the Emergency Operations Centre for disease surveillance has been established at the NICD	None	None
Monitor HIV prevalence	Annual National HIV Antenatal Prevalence Survey	2012 National Antenatal Sentinel HIV and Herpes Simplex Type 2 prevalence published	2013 National Antenatal Sentinel HIV and Herpes Simplex Type 2 prevalence in South Africa	2013 National Antenatal Sentinel HIV and Herpes Simplex Type 2 prevalence in South Africa report	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Domestication of international treaties and implementation of multilateral cooperation on areas of mutual and measurable benefit	Implement International treaties and multilateral frameworks	New Indicator	International treaties and multilateral frameworks implemented	Implementation of provisions of IHR (2005) and the WHO Framework Convention on Tobacco Control (WHO-FCTC). Monitored the implementation of four cross-border projects of the SADC HIV and AIDS Fund. Participated in multilateral health fora: World Health Assembly, World Health Organization–Africa Region, World Economic Forum, 136th Executive Board Meeting of WHO, World Innovation Summit for Health – Doha, Qatar; Economist's Pharma 2015 Conference – UK, Sixteenth World Conference on Tobacco in Abu Dhabi, African Union and SADC Ministerial meetings	None	Attributed to increased participation of SA in multilateral fora
Implementation of bilateral cooperation on areas of mutual and measurable benefit	Number of Bilateral projects implemented	New Indicator	Two strategic bilateral projects implemented	Provided humanitarian assistance in response to Ebola virus disease outbreak in Guinea, Sierra Leone & Liberia, Provided financial assistance for the recruitment of Cuban doctors to provide health services in Sierra Leone. Established a knowledge and information sharing platform on various areas of collaboration with Botswana, Uganda, Namibia and Ghana. Continue to provide scholarship assistance for South African students to Cuba for medical training. Mobilized resources for SA health system with United Nations Industrial Development Organization. Handover Ceremony of an Obstetric Ambulance by Turkey. Release of the additional variable tranches for the Primary Health Care Sector Policy Support Programme	None	None

Note: "+" means over achievement, and "-" means under achievement of the target.

Strategy to overcome areas of under performance

For the establishment of the National Health Observatory, consultations are underway with key stakeholders to finalise the concept document and the plan. Provincial capacity building on the National Health Research Database is continuing as part of this process.

Changes to planned targets

During the period under review the indicator for the establishment of the National Pricing Commission was reviewed. This was as a result of the Competition Commission which has embarked on a process to conduct a market inquiry into private health care prices. The Department will await the outcome of this market enquiry to determine the regulatory and structural form of this Commission.

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	437	331	106	919	353	566
Technical Policy and Planning	1 448	1 314	134	3 657	2 658	999
Health Information Management, Monitoring and Evaluation	69 499	38 933	30 566	41 205	34 106	7 099
Sector-wide Procurement	24 532	24 347	185	22 202	20 817	1 385
Health Financing and National Health Insurance	483 460	177 446	306 014	366 499	76 030	290 469
International Health and Development	74 751	74 296	455	59 431	64 297	(4 866)
Total	654 127	316 667	337 460	493 913	198 261	295 652

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 3: HIV / AIDS, TB and Maternal and Child Health

Purpose: Develops national policy, coordinates and fund HIV and AIDS and STI, Tuberculosis, Maternal and Child Health, and Women's Health programmes. Develops and oversee implementation of policies, strengthen systems and set norms and standards and monitors programme implementation.

This programme consists of the following four sub-programmes:

- HIV and AIDS
- Tuberculosis
- Women's, Maternal and Reproductive Health
- Child, Youth and School Health

The HIV and AIDS Sub-programme: is responsible for policy formulation for, and co-ordination, and monitoring and evaluation of HIV and sexually transmitted diseases services. This entails co-ordinating the implementation of the National Strategic Plan on HIV, STIs and TB 2012–2016 (NSP). Management and oversight of the HIV Conditional Grant from National Treasury for implementation by the provinces is an important function of the sub-programme. Another purpose is the co-ordination and direction of donor funding for HIV, especially the US President's Plan for AIDS Relief (PEPFAR), and the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), in the health sector.

The Department's strategic objectives of scaling up combination prevention interventions to reduce the rate of new infections, and improving the quality of life of people living with HIV by providing a comprehensive package of care, treatment and support services to at least 80% of people living with HIV and AIDS, are informed by the NSP.

Universal access to HIV counselling and testing (HCT) as an entry point for diagnosis is essential for treatment, care and support. Since the HCT campaign was introduced in 2010, over 35 million people have been tested. During the 2014/15 financial year, 9 566 097 people between the ages of 15 and 49 years were tested.

Medical male circumcision (MMC) is one of the combination prevention interventions geared towards achieving zero new HIV infections. The MMC programme has achieved over 1 million medical male circumcisions (15–49 years) since it started in 2010. This was attributable to partnerships between government and donors such as PEPFAR and the Global Fund. The 2012/13 financial cycle yielded 422 262 MMCs and in 2013/14, 331 668 circumcisions were performed. During 2014/15, 508 404 MMCs were

conducted. The performance of MMC procedures is reliant on medical doctors, which was a limiting factor in achieving the ambitious target of 1 000 000 circumcisions during the financial year under review.

South Africa's ARV treatment programme is the largest in the world, which is commensurate with the burden of disease. At the end of March 2015, there were 3 103 902 clients remaining on ART (TROA). The Department revised the HIV guidelines to align with World Health Organisation (WHO) HIV Guidelines. The revisions included:

- enrolling all HIV-positive people with CD4 counts of 500 cells/mm³ and lower on ART; and
- starting all HIV-positive pregnant women on life-long antiretroviral treatment (the so-called B+ option), irrespective of CD4 count.

The Tuberculosis Sub-programme: develops national policies and guidelines, and sets norms and standards for tuberculosis (TB) in line with the vision outlined in the NSP 2012-2016. The treatment success rate among new smear-positive TB patients improved during the 2014/15 financial year. As part of Global Fund-funded TB screening programme, we have prioritised TB screening in prisons, mines and six peri-mining communities. By the end of the financial year, the number of inmates tested using GeneXpert™ was 70 425. In addition, 252 843 community members in the six targeted peri-mining communities were screened for TB, and 222 113 were counselled and tested for HIV. We also monitored the percentage of mines that are conducting routine screening of miners for TB and found that 88% of mines are routinely screening miners.

The TB Control and Management Sub-programme has implemented a co-ordinated national response that incorporates strategies needed to prevent, diagnose and treat both drug-sensitive TB (DS-TB) and drug-resistant TB (DR-TB). A grant exceeding R500 million from the Global Fund has strengthened interventions, especially among key populations, including inmates, miners and members of peri-mining communities.

The Women's, Maternal and Reproductive Health Sub-programme: develops and monitors policies and guidelines, and sets norms and standards for maternal and women's health, including contraception and family planning services.

Adequate antenatal care is essential for monitoring the health of both mother and baby. Over the past three years, the antenatal 1st visit before 20 weeks rate trends showed an increase of 5% annually. Early antenatal care booking is, however, still a challenge, with 53.9% of pregnant women booking for antenatal care before 20 weeks in

the 2014/15 financial year. MomConnect was launched in August 2014 as an intervention to improve early antenatal care. To date, more than 420 000 women have been registered to receive tailored health promotion messages via SMS technology based on the gestational age at the time of their first antenatal care visit.

Adequate intrapartum care to ensure prevention of maternal deaths is essential to reduce maternal mortality in our facilities. Currently, interventions to improve maternal health outcomes are being implemented, including the Maternal, Newborn, Child, and Women's Health and Nutrition Strategy (2012–2016); the South African Campaign On Accelerated Reduction of Maternal And Child Mortality (CARMMA) strategy and recommendations from the two ministerial committees – the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) and the National Perinatal Mortality and Morbidity Committee (NaPeMMCo). In addition, there is ongoing strengthening of clinical governance through the District Clinical Specialist Teams. In districts with high maternal mortality, a project that retrains doctors and midwives on the Essential Steps in the Management of Obstetric Emergencies (ESMOE) has resulted in a 32.5% reduction in maternal mortality.

To improve neonatal health, a national Newborn Care Strategy has been developed and the national team is supporting provinces to finalise implementation and monitoring plans. Training on Management of Sick and Small Neonates is underway to improve healthcare workers' skills in managing the care and treatment of newborns that are sick and small (preterm and low birth weight). The NDoH is also in the process of procuring Continuous Positive Airway Pressure (CPAP) machines to ensure that district hospitals have essential equipment to care for neonates. Implementation of the strategy for newborns has resulted in a 35% reduction in neonatal mortality in the districts in which the strategy has been implemented.

To improve postnatal care within six days, the Ward-based PHC Outreach Teams have been tasked with following up new mothers within six days of giving birth and this has shown a significant improvement in provinces where roving teams are actively linking mothers to facilities within the specified period.

Improvements in the prevention of mother-to child transmission of HIV (PMTCT) is also key to improving maternal and neonatal health, through providing HIV-positive pregnant and breastfeeding women with access to ART to prevent vertical transmission to their infants and improving their health. This has been strengthened with the revised HIV policy, which has been implemented

since January 2015, stipulating that all pregnant women be initiated on lifelong ART, regardless of CD4 count (PMTCT Option B+). Programme data are also showing that fewer infants are infected with HIV, with Polymerase Chain Reaction (PCR) positivity rates of less than 2% of all babies born to HIV-positive women around six weeks.

However, the HIV infant guidelines have also recently been changed. HIV-exposed Infants will now be tested at birth and at 10 weeks, instead of at six weeks, effective from June 2015. For a smooth transition, the Infant 1st PCR test positive around 6 weeks rate will be kept, as it is envisaged that new indicator (Infant PCR test around 10 weeks) will be under-reported at the start of the new guidelines implementation. This will ensure that the PMTCT programme is able to track variations with implementation of the new changes.

The Couple-Year Protection rate (CYPR) is generally improving. When the new Contraceptive Policy was launched in 2014, a new long-acting reversible contraceptive – the sub-dermal implant – was made available in facilities to increase the number of contraceptive methods available to prevent unwanted or unplanned pregnancies. The inclusion of the sub-dermal implant has resulted in an increase in the couple-year protection rate, which for the 2014/15 financial year was 52.7% compared to 42.5% in the 2013/14 financial year.

The Child, Youth and School Health Sub-programme: develops and monitors policies and guidelines, and sets norms and standards for child health. Immunisation remains the most cost-effective public health intervention available in reducing vaccine-preventable diseases. The reduction in the diarrhoea case fatality rate in children under five years of age is attributable to the introduction of the rotavirus vaccine, and achievement in reducing the confirmed measles case incidence per million total population contributes positively to the Department's and National Development Plan's goal of preventing disease, reducing its burden, and promoting health.

The Department introduced the pneumococcal vaccine and rotavirus vaccine in 2009. These vaccines have had a significant impact on pneumonia and diarrhoea. The National Institute for Communicable Diseases (NICD) found a 70% decline in invasive pneumococcal disease in children who were vaccinated, which demonstrates the direct protection conferred to children who previously experienced the highest disease burden in South Africa from this leading cause of under-five mortality globally. The NICD also documented a 66% reduction in rotavirus diarrhoea hospitalisations in the first two years after the introduction of the rotavirus vaccine in 2009.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
To reduce the maternal mortality ratio to under 100 per 100 000 live births	Antenatal 1st visit before 20 weeks rate	50%	65% (716 825 of 1 102 808)	53.9%	-11.1%	The early antenatal care visit is influenced by multiple factors, including cultural beliefs which are slow to change. This indicator has improved by 20% over the past three years
	Mother postnatal visit within 6 days rate	73%	80% (755 078 of 943 848)	74.3%	-5.7%	Mothers in rural areas have challenges in returning to facilities for postnatal care within six days, especially traditional customs dictating that a new mother has to stay indoors for a specified period. The Ward-based Outreach Teams are assisting with actively following up new mothers and linking them to facilities for postnatal care within six days
	Maternal mortality in facility ratio (annualised)	New indicator	100 per 100 000 live births (937 of 937 082)	132.5 per 100 000 live births	-32.5 per 100 000 live births	This indicator has steadily improved over the past three years. However, maternity care to ensure that maternal deaths are prevented in our public health facilities still requires further improvement. Recommendations from the NCCEMD are being implemented to further strengthen maternal health care
To reduce the neonatal mortality rate to under 6 per 1000 live births	Inpatient Neonatal death rate (annualised)	New indicator	10 per 1000 live births	12.8 per 1000 live births	-2.8 per 1000 live births	Many of the same factors that influence maternal mortality also influence neonatal mortality. A range of interventions is being implemented (including CPAP machines, Kangaroo Baby Care) to reduce neonatal mortality
To improve access to sexual and reproductive health services by expanding the availability of contraceptives	Couple year protection rate	42.5%	55% (8 096 666 of 14 721 211)	52.7%	-2.3%	Performance in 2014/15 increased compared to the previous financial year due to the introduction of a long acting reversible contraceptive, the subdermal implant. Note that this data element was not included in the DHIS and data on the use of the implant are added to the data from the DHIS
	Cervical cancer screening coverage	58.3%	60% (8 716 794 of 14 527 991)	54.5%	-5.5%	The policy guidelines are under review with the aim of providing clearer guidance on what constitutes the "gold standard" for CaCx (carcinoma of the cervix) screening, and to make the form of test more accessible nationally, including remote/hard-to-reach sections of our communities. Women are often reluctant to have a Pap smear done, when offered the test by healthcare providers. The revised policy will also address and ensure improved efforts around heightening awareness and education among women of the importance of CaCx screening as a preventative measure
	HPV 1st dose coverage	New indicator	70%	91.8%	+21.2%	The high coverage is attributed to vaccination of learners with the first dose during the second round

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Expand the PMTCT coverage to pregnant women by ensuring all HIV positive Antenatal clients are placed on ARVs and reducing the positivity rate to below 1%	Antenatal client initiated on ART rate	77.5%	93% (217 078 of 233 417)	91.2%	-1.8%	Improvements are largely due to increased testing of pregnant women at all ANC visits and initiation of HIV+ on treatment irrespective of CD4 count
	Infant 1st PCR test positive around 6 weeks rate	2%	1.8% (4 456 of 247 533)	1.5%	+0.3%	The revised 2013 PMTCT guidelines, which made ART accessible to all pregnant women regardless of CD4 count, further improved access to treatment and has led to a further reduction in transmission of HIV from mother to child
To reduce under-five mortality rate to less than 23 per 1,000 live births by promoting early childhood development	Child under 5 years diarrhoea case fatality rate	New indicator	3.5% (1 775/45 880)	3.3%	+0.2%	Achievement on this indicator can be attributed to the inclusion of Rota antigen in the EPI schedule
	Child under 5 years severe acute malnutrition case fatality rate	New indicator	8%	11.6%	-3.6%	Process of assessment, reporting and classification of SAM cases is a challenge. There is also inconsistent management of SAM children with the 10 steps recommended by the WHO
	Confirmed measles case incidence per million total population	New indicator	<5/1,000,000	1.19/1,000,000	+3.81	Although the indicator has been achieved Gauteng and Northern Cape Provinces experienced measles outbreak in 3 districts with 49 confirmed measles cases reported during 2014/15
	Immunisation coverage under 1 year (annualised)	91.8%	90% (970 919 / 1 078 799)	90%	None	None
	DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	New indicator	7% (70 176/ 1 002 514)	2.1%	+4.9%	Catch up drive workshops were conducted in the provinces of Limpopo, Eastern Cape, KwaZulu-Natal and Mpumalanga to address low coverage (including high dropout rates). In addition, an EPI refresher course was conducted
	Measles 2nd dose coverage (annualised)	80.2%	82% (874 562/ 1 066 540)	82.8%	+0.8%	Catch-up drive workshops were conducted in the provinces of Limpopo, Eastern Cape KwaZulu-Natal and Mpumalanga to address low coverage (including high dropout rates). In addition, an EPI refresher course was conducted for all provinces

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
To contribute to health and wellbeing of learners by screening for health barriers to learning	School Grade 1 screening coverage (annualised)	New indicator	28%	23.2%	-4.8%	The deviation can be attributed to competing priorities (HPV vaccination campaigns) and resource constraints
	School Grade 8 screening coverage (annualised)	New indicator	12%	8.6%	-3.4%	In addition to the abovementioned reasons, Western Cape Province is only focusing on Grade 1 learners except for referred learners in Grade 8 because of resource constraints
Improve the effectiveness and efficiency of the routine TB control programme to increase the identification of TB patients; to ensure that these take and complete their treatment of Tuberculosis	TB new client treatment success rate	75.9%	82%	82.5%	+0.5%	Increased efforts by provinces to retain patients in treatment and care, strengthen treatment adherence and tracing of patients that are lost to follow-up has resulted in better treatment outcomes
	TB (new pulmonary) defaulter rate	6.2%	6%	5.7%	+0.3%	Increased efforts by provinces to retain patients in treatment and care, strengthen treatment adherence and trace patients who are lost to follow up has resulted in better treatment outcomes
	Number of trained TB tracing coordinator available	New indicator	25	5	-18	The programme plan was to recruit and train co-ordinators which took much longer than planned due to long recruitment processes for newly created posts
	TB Death Rate	New indicator	6%	4.8%	+1.2%	The scale-up of the TB screening, testing and early initiation of treatment for those diagnosed with TB has resulted in the reduction of TB related deaths
To improve the functioning of the MDR-TB control programme including earlier initiation and decentralised treatment	Number of professional nurses trained to initiate MDR-TB treatment	New indicator	25	72	+47	Provinces were able to identify and second a large number of nurses for training; these are not new recruits
	Number of hospitals assessed according to the MDR Treatment Criteria	New indicator	50	43	-7	Seven hospitals were previously assessed and erroneously included in the tally, leading to double counting
	TB MDR confirmed treatment initiation rate	New indicator	60%	65.7%	+5.7%	More sites were decentralised than planned leading to better treatment initiation rates for MDR TB treatment
	TB MDR treatment success rate	New indicator	50%	48.0%	-2%	Challenges with incomplete data
Ensure that all correctional services facilities have appropriate services and that inmates all have access to TB and HIV diagnosis and treatment services and care	Number of Correctional Services Management areas with risk assessments undertaken	New indicator	20	4	-16	There were delays in grant implementation with funds only moving to NGOS 10 months after the official commencement of the grant
	Percentage of correctional services centres conducting routine TB screening	New indicator	50%	78.0%	+28%	The indicator refers to centres implementing a TB screening programme but this does not necessarily imply that every inmate in all facilities is screened. In future, reporting will indicate the number of inmates being screened

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
To scale up combination of prevention interventions to reduce new infections including HCT, medical male circumcision and condom distribution	HIV testing coverage (15-49 years annualised)	6 688 950	10 000 000	9 566 097	-433 903	Community-based and home-based testing and testing in private health facilities are not always captured and reported
	Number of Medical Male circumcisions conducted	331 668	1 000 000	508 404	-491 596	Data from private sector are not being streamlined into DHIS; we need to strengthen demand creation in some districts to meet district targets
Increase the numbers of HIV positive people who are managed so that they do not contract opportunistic infections especially TB and who receive antiretroviral therapy when needed	Total clients remaining on ART (TROA) at the end of the month	New indicator	3 000 000	3 103 902	+103 902	The new HIV treatment guidelines were implemented since January 2015. The CD4 cell count for new eligibility criteria has been raised from <350 to <500; also the upgrading to B+ for HIV-positive pregnant and breastfeeding women was activated. The introduction of the Central Chronic Medicines Dispensing and Distribution Programme with involvement of the private sector, targeting clinically stable ART patients, would have also had a contributory effect
	TB/HIV co-infected client initiated on ART rate	31.2%	64% (585277 of 914 496)	73.7%	+9.7%	TB/HIV clients initiated on ART do not require CD4 cell count. Once TB is diagnosed, they are initiated on treatment. There is also ongoing training of clinicians on TB/HIV co-infection and the implementation of TB/HIV Guidelines

Note: "+" means over achievement, and "-" means under achievement of the targets

Strategy to overcome areas of under performance

Some of the indicators in the DHIS have the total population data as the denominator (e.g., immunization coverage). However, as the DHIS only collects, for the most part, only public health sector data, the numerator excludes the children that are immunized in the private health sector. The Department is investigating ways to include all the relevant private sector data as well as getting more accurate total population data.

Part of addressing the TB epidemic is finding new drugs, especially those whose potency minimises resistance. Until recently, the world relied on treating TB using drugs that were developed more than 50 years ago. Since about 2 years ago, a new drug, bedaquiline, which is much more efficacious, and has little side effects (such as loss of hearing) was introduced globally. South Africa was the first in the world to use the drug programmatically (that is, formally within its TB programme, and beyond small scale research sites), initially on a limited compassionate basis. The drug will be rolled out to ensure wide-scale availability to eligible DR-TB patients.

The TB sub-programme will also mobilise resources to 17 districts that have been prioritised for enhanced support. These were identified on both drug sensitive (DS-TB) and drug resistant TB burden and poor treatment outcomes (treatment success, defaulter and mortality rates). The TB information systems (ETR.Net and EDRWeb) will be

integrated to those in the HIV/AIDS programme (TIER.Net) and DHIS. A system for tracing initial treatment interrupters, defaulters and contacts will also be developed. A large grant received from the Global Fund will help implement most of the indicated interventions.

Strategy that will be implemented for financial year 2015/16 to overcome areas of underperformance will include:

- **HCT:** The processes are underway to include data from partners by creating organisational units so that data can streamline into DHIS. The indicator has been revised for the financial year 2015/16 to include all people 15 years of age and over.
- **MMC:** The directorate will fund NGOs providing MMC through the HIV conditional grant budget to improve performance towards national target. Processes also are underway to collect data from external MMC implementing partners (e.g. private sector, traditional initiation schools). The program is reviewing target age group of 15 – 49 years to include 10-14 years as this group is about to be sexually active and contribute to MMC uptake without additional resources for demand creation.

Changes to planned targets

None

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	4 278	4 225	53	3 840	3 905	(65)
HIV and AIDS	12 786 142	12 782 033	4 109	10 978 412	10 904 279	74 133
Tuberculosis	23 455	21 783	1 672	24 778	23 799	979
Women's Maternal & Reproductive Health	14 589	12 422	2 167	16 051	14 116	1 935
Child, Youth and School Health	218 195	207 447	10 748	17 264	16 602	662
Total	13 046 659	13 027 910	18 749	11 040 345	10 962 701	77 644

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 4: Primary Health Care (PHC) Services

Purpose: Develop and guide implementation of legislation, policies, systems, and norms and standards for a uniform district health system, environmental health, communicable and non-communicable diseases, health promotion, and nutrition. During the 2014/15 financial year, Programme 4 made significant achievements and progress against the planned strategic goals, indicators and targets.

This programme consisting of the following five budget sub-programmes:

- District Services and Environmental Health
- Communicable Diseases
- Non-Communicable Diseases
- Health Promotion and Nutrition
- Violence, Trauma and EMS

The District Services and Environmental Health Sub-programme: develops and guides implementation of policies, strategies, and norms and standards for a uniform district health system within which primary health care services are delivered. This includes the implementation of the third stream of primary health care re-engineering, namely Ward-based Primary Health Care Outreach Teams (WBPHCOTs). This sub-programme also guides the delivery of Environmental Health services at all levels of the healthcare system, including monitoring the delivery of municipal health services.

Towards improving district governance and strengthening management and leadership of the District Health System, the functionality of Clinic Committees will be monitored through the Ideal Clinic monitoring software. Resource manuals for governance structures have been developed which will be used to institutionalise uniformity in the establishments and improved functionality of these governance structures. Standardised job profiles for the different categories of staff at district level and district organograms have been developed. This necessitated a discussion with all provinces since conditions differ markedly in the country's 52 health districts.

A framework has been developed for inter-sectoral collaboration. This framework will contribute to the functioning of the National Health Commission which is yet to be established. The Department collaborates with other government departments such as those of Education, Social Development, Co-operative Governance and Traditional Affairs, Sports and Recreation, Arts and Culture, as well as Agriculture, Fisheries and Forestry to address the social determinants of health. Collaborative health promotion activities were implemented with the Department of Social Development to promote physical activity with the elderly at the Golden Games event; with the Department of Sports and Recreation to encourage physical activity through the Big Walk; with the Department of Agriculture, Fisheries and Forestry in the development of an integrated Food and Nutrition Security policy implementation plan, and with the Department of Trade and Industry (DTI) on their Eat Well, Eat Safe, Eat Local campaign. This campaign with the DTI is aimed at encouraging local food manufacturers to produce safe foods that are low in salt and sugar and that promote health. These campaigns provide an opportunity to educate and inspire consumers to make healthy food choices.

To improve access to community-based PHC services,

Programme 4 guides the establishment and improved functioning of municipal Ward-based Primary Health Care Outreach Teams (WBPHCOTs). In the 2014/15 financial year, 2 912 WBPHCOTs were established. This is an increase from 1 595 teams formed in 2013/14. Teams report their activities into the DHIS to enable managers at national, provincial and district levels to monitor their functionality. In the financial year under review, 1 748 teams reported in the DHIS. This is an improvement on 1 063 teams that reported in 2013/14. Eight-hundred community health workers have been allocated mobile phones and trained on the use of the technology for data-capturing and reporting. This initiative has been launched to improve the reporting rate of community health workers and to obtain a faster turnaround time for care of individuals and families in the community.

The 'Ideal Clinic' (IC) initiative was launched in July 2013 as a way of systematically improving the deficiencies in PHC facilities in the public sector. The goal is to make high-quality PHC services universally available in a standardised manner. The work done since July 2013, and the methods used for its application, culminated in an Operation Phakisa Ideal Clinic laboratory that took place from 12 October to 21 November 2014. This laboratory's output is a detailed plan for turning all clinics in South Africa into ideal health establishments.

Since the General Practitioners (GPs) contracting programme started in 2013, there has been a steady increase in the number of GPs who are rendering services in public health facilities in nine of the 10 NHI pilot districts. The tenth district is OR Tambo District in the Eastern Cape where negotiations with the doctors are ongoing to secure their assistance for the public service to achieve its vision of a long and healthy life for all South Africans. The GPs were slow in signing up for the GP contracting initiative because of concerns that the state of public health facilities would hamper their quality of work. While adverse conditions in the working environment of many of our clinics are still being addressed, the GPs who have signed on have reported that they have been pleasantly surprised by the standards upheld in some of the public sector clinics. As a result, many have since increased the working hours they spend working in public health facilities. This feedback is gathered through interactions with the GPs during orientation sessions and during support visits to the health facilities where they are providing services. This positive trend has also been demonstrated by the growing number of GPs who have signed on.

The introduction of an independent service provider for the recruitment and placement of GPs in November 2014 has significantly increased the number of GPs contracted. Prior to the introduction of the independent service provider, just over 150 doctors were recruited during the 21 months of the project. Since November 2014, a further 150 doctors have been recruited and placed at PHC facilities, elevating the number of doctors appointed to just over 300.

In ensuring that Port Health Services are rendered in line with International Health Regulations, the National Health Amendment Act (12 of 2013) has allocated the responsibility of facilitating the provision of Port Health services to the National Department of Health with effect from 1 September 2014. The transfer process was finalised in March 2015. Points of Entry (POE) were supported to improve their operations during 2014/15 and 44 POE are now compliant with International Health Regulations.

Following the outbreak of Ebola Virus Disease (EVD) in West Africa, the World Health Organization called on countries to strengthen their surveillance systems in Points of Entry (POE) to prevent the spread of the disease to other countries. Human resource capacity was strengthened at POE with the appointment of 25 additional Port Health officials. Staff at POE were orientated on the standard operating procedures and capacitated to manage the Ebola threat. Additional thermal scanners were installed at priority POE to assist in identifying individuals at risk.

The Department played a key role in the committee that co-ordinated the repatriation of mortal remains of South Africans, Zimbabweans and a citizen from the Democratic Republic of the Congo who passed away during the collapse of a guest house in Nigeria. This was done in compliance with the provisions of the Regulations Relating to the Management of Human Remains. This was an inter-sectoral committee initiative co-ordinated at the level of the Presidency.

To improve environmental health services in all 52 districts and metropolitan municipalities in the country, an Environmental Health Strategy has been developed and the Health Care Waste Management Regulations have been finalised.

The Communicable Diseases Sub-programme: develops policies and supports provinces to ensure management and control of infectious diseases. This sub-programme supports the National Institute of Communicable Diseases, a division of the National Health Laboratory Service.

The Department has strengthened capacity for epidemic preparedness and response teams at national, provincial and district levels through training all provinces, 15 districts and more than 5 000 professionals in Ebola Virus Disease (EVD). Laboratory surveillance for EVD was also intensified through the National Institute for Communicable Disease (NICD) that was designated as a centre of excellence for testing samples and training on EVD in the SADC region. An Emergency Operations Centre (EOC) with a 24-hour, seven days per week medical hotline was established at the NICD. To date, no EVD cases have been reported in South Africa; however, a total of 38 cases were tested, 30 of whom were South Africans and eight were from other African countries (four from Namibia, two from Zimbabwe, one from Angola and one from Ethiopia).

The EVD outbreak in West Africa also reminded us of the importance of basic hand hygiene. Hands are the main source of the transmission and spread of pathogens (agents such as bacteria and viruses) that cause communicable diseases. To alert South Africans to this simple yet effective practice for preventing the spread of disease, the Minister of Health launched a hand-washing campaign on 24 November 2014, which aims to mobilise communities, households and individuals in schools and workplaces to wash hands with soap at appropriate times.

The Non-Communicable Diseases Sub-programme: develops and guides implementation of policy, legislation and guidelines for implementing and monitoring services for chronic diseases, disability, elderly people, eye care, oral health, mental health and substance abuse, and nutrition.

Reduction of risk factors for and improving the management of Non-Communicable Diseases (NCDs) is a key priority for the Department of Health. A directive was issued that all people receiving screening as part of the HIV counselling and testing programme should also be screened for hypertension and blood glucose. The system used to record the data for screening was inadequate, resulting in the under-reporting of actual performance. This has

been addressed in the 2014/15 financial year. Reporting has thus not reached the set target of 500 000. Screening campaigns by the Department and its partners resulted in 169 418 and 147 562 people screened for hypertension and blood glucose respectively.

The Department successfully instituted a system for monitoring the screening for and treatment of mental disorders in primary health care facilities, in accordance with the target set in the Annual Performance Plan for 2014/15. Another achievement in the area of mental health is the passing of an amendment to the Mental Health Care Act (17 of 2002) in May 2014. This amendment aims to improve the administrative processes pertaining to the care, treatment and rehabilitation of State patients in order for services to be more responsive in this regard.

Persons with disability require the health service to be receptive to their needs in providing access to care and effective rehabilitation services. In keeping with the principle that services must be developed in collaboration with persons with disabilities, a draft Policy Framework and Strategy was developed in consultation with key stakeholders. The final draft will be further interrogated by all concerned in a work session in May 2015, before submitting it to the National Health Council for approval. Cataracts are a major cause of avoidable blindness and successful surgery provides extensive improvement in quality of life for individuals and their families. In the 2014/15 financial year, the provincial Departments of Health performed an average of 985 surgeries per million population. This has resulted in sight being restored to about 43 742 older persons.

Kidney disease causes significant mortality and morbidity, and in response, the Minister of Health convened a summit of all major stakeholders in January 2015. A Declaration, including targets, was adopted, forming the basis for improving future kidney care from primary to tertiary health levels.

The Health Promotion and Nutrition Sub-programme: develops and guides implementation of policies, guidelines, and norms and standards for health promotion and nutrition. The sub-programme also plans and implements health campaigns to promote healthy lifestyles, and implements facility-based nutrition services.

Children are highly susceptible to dental decay. Oral health preventive services were provided to learners in schools as part of the Integrated School Health Programme. Oral health education is provided, tooth fissure sealants are applied and tooth-brushing with fluoridated toothpaste is practised in schools. The NDoH procured fissure sealants, toothbrushes and toothpaste to cover 12 000 children in Quintile 1 and 2 primary schools to supplement the stocks purchased by provinces. The Oral Health programme has also received fully equipped Mobile Dental Units all NHI pilot districts for oral health services at schools.

The sub-programme also developed a health promotion policy and strategy aimed at providing a broad framework for health promoters and other stakeholders to execute health-promoting initiatives. Numerous healthy lifestyle activities and health awareness campaigns were undertaken at various national commemorative events. Various inter-sectoral activities were undertaken during 2014/15. The Department partnered with the Department of Social Development to promote physical activity with the elderly at the Golden Games event, and physical activity with government employees was encouraged with the Department of Sports and Recreation at the Big Walk. The Department also developed a strategy to prevent and control overweight and obesity in consultation with various government departments including those of Public Service and Administration, Basic Education,

Sports and Recreation, and Transport. The Department made contributions to the development of an integrated Food and Nutrition Security Policy Implementation Plan co-ordinated by the Department of Agriculture, Fisheries and Forestry. The Department also worked closely with the Department of Trade and Industry on their Eat Well, Eat Safe, Eat Local campaign.

During this financial year, the Department developed a strategy to prevent and control overweight and obesity. The strategy was developed in consultation with relevant stakeholders including the Departments of Public Service and Administration, Basic Education, Sports and Recreation, and Transport; the food industry; researchers studying obesity, and the World Health Organization. The strategy uses a multi-pronged approach, including education that empowers the public to make informed decisions. The creation of an enabling environment in homes, community sites, schools and workplaces is key. The Consumer Goods Council of South Africa facilitated sessions wherein the Department of Health could engage with various industry groups including the sugar-sweetened beverage sector, quick-service restaurants and the retail food sector.

The Violence, Trauma and EMS Sub-programme: formulates and monitors policies, guidelines, and norms and standards for the management of violence and trauma and Emergency Medical Services (EMS). In 2014/15, the draft Regulations governing the provision of emergency medical services were published for public comment and final Regulations were gazetted. These Regulations aim to enhance the improvement of EMS by setting norms and standards and standardising key service provision elements for EMS. The Regulations will also establish processes for inspection of ambulances throughout the country, including assessment of competencies among EMS personnel to improve the quality of care prior to hospitalisation. The sub-programme also finalised the National Policy on Emergency Care and Education that endeavours to improve the skills of EMS personnel so that they are competent to deal with all illnesses and injuries prior to hospitalisation of patients. The process of provincial migration plans for existing EMS personnel is at an advanced stage. In 2014/15, the sub-programme also reviewed and finalised the pre-hospitalisation EMS response time indicators to improve service provision. The National Health Strategy for Injury and Violence Prevention has also been finalised with action plans.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Improve district governance and strengthen management and leadership of the district health system	Number of primary health care facilities with functional clinic committees/ district hospital boards	DHS Strategy developed	Implementation plan approved and Monitoring and Evaluation system developed	The implementation plan forms part of the approved Ideal Clinic scale-up plan. The Ideal Clinic software was developed as the M & E system to measure functionality of clinic committees	None	None
	Number of districts with uniform management structures for primary health care facilities	DHS Strategy developed	Uniform management structures for PHC facilities approved and resources secured	The WISN process and normative guidelines for PHC facilities have been completed	The uniform structures for PHC facilities have not yet been completed and costed	The uniform structures for PHC facilities will be completed and costed in the next 12 months.
Establish an inter-sectoral forum that will plan and oversee the implementation of interventions across all sectors	Establish National Health Commission	National Health Commission not established	Key government departments, civil society and other key stakeholders consulted on the establishment of the inter-sectoral forum	The Department collaborates with other government departments on a range of matters affecting social determinants of health. The establishment of the formal forum will be guided by the National Health Commission	The National Health Commission has not yet been established	This objective will be pursued during the 2015/16 financial year
Improve access to community based PHC services and quality of services at primary health care facilities	Number of primary health care clinics in the 52 districts that qualify as Ideal Clinics.	New Indicator	Roll-out plan approved and resourced.	The roll-out plan has been approved and costed. The NHC pledged the resources required to scale-up all clinics to Ideal Clinics within the next three years	None	None
	Number of functional WBPHCOTs	1063 teams reporting on the DHIS	1500 functional WBPHCOTs	1748	+248	The target has been exceeded through providing rationalised reporting tools to WBPHCOTs and instituting training programmes in some districts with the assistance of PEPFAR funded implementation partners
Ensure that the Port Health services are rendered in line with the International Health Regulations	Number of Ports of Entry that are compliant with the International Health Regulations	0 Ports of Entry designated in terms of the International Health Regulations	20 Ports of Entry compliant with the International Health Regulations	44 Ports of Entry compliant with the International Health Regulations	+ 24	POE rapidly completed their pre-assessments. Staff at POE co-operated with the NDoH to correct weaknesses and on formal inspection with the World Health Organization, 44 POE were found to be compliant with International Health Regulations (IHR)
Improve environmental health services in all 52 districts and metropolitan municipalities in the country	Number of municipalities that meet environmental health norms and standards in executing their environmental health functions	New indicator	Environmental Health Strategy developed	Environmental Health Strategy developed	None	None
	Ensure compliance with Health Waste management regulations	Regulations developed approved by the NHC for publishing in the Government gazette for public comments	Health Care waste management regulations finalised	Health Care waste management regulations finalised	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Reduce risk factors and improve management for Non-Communicable Diseases (NCDs) by implementing the Strategic Plan for NCDs 2012-2017	% reduction in obesity in men and women	New indicator	65% obese women and 31% obese men according to the 2012 SANHANES report	Indicators to be collected through a survey in 2015	None	None
	Number of people counselled and screened for high blood pressure.	New indicator	500 000 people screened for high blood pressure.	169 418 people counseled and screened	- 330 582	The systems used to record the data for screening were inadequate resulting in under-reporting of actual performance. This has been addressed for the 2015/16 financial year
	Number of people counselled and screened for raised blood glucose levels	New indicator	500 000 people screened for raised blood glucose levels	147 562 people counseled and screened	-352 438	The systems used to record the data for screening was inadequate resulting in the under-reporting of actual performance. This has been addressed for the 2015/16 financial year
Improve access to and quality of mental health services in South Africa	Percentage people screened for mental disorders	New indicator	Information system and baseline established.	Data elements for screening included in the DHIS for 2015/16 to establish baseline	None	None
	Percentage of people treated for mental disorders	New indicator	Information system and baseline established	Data elements for treatment included in the DHIS for 2015/16 to establish baseline	None	None
Improve access to disability and rehabilitation services through the implementation of the framework and model for rehabilitation and disability services	Number of Districts implementing the framework and model for rehabilitation services	A draft Integrated Rehabilitation Service Model	Model approved and costed	Model in final draft stage	Model not approved and costed	The process of consulting and incorporating relevant input from all relevant stakeholders proved to be complex and time consuming
	Cataract Surgery Rate	Cataract Surgery Rates of 1 500 operations per million population reached in one province	1 500 operations per million un-insured population	985 operations per million un-insured population	- 515 operations per million un-insured population.	Provinces were unable to meet targets due to under-developed systems for the delivery of comprehensive eye health services; lack of theatre time; inadequate human resources; and low availability of consumables
Eliminate Malaria by 2018, so that there is zero local cases of malaria in South Africa	Reduce the local transmission of malaria cases to 0 per 1000 population at risk	0.17(3 408) confirmed local cases 0.21 (4 247) aggregate of local cases and cases of unknown origin	0.3 malaria cases per 1000 population at risk	0.82 malaria cases per 1000 population at risk	+0.52 malaria cases per 1000 population at risk	Malaria incidence in Limpopo was 1.2 (6 811 local cases) contributing hugely to the deviation from the target. Classification of cases between local and imported is a challenge due to lack of case investigators, especially in the Limpopo Province. Some of the factors contributing to the increase in malaria could be the shortage of DDT for malaria vector control and in-migration patterns to Limpopo Province
	Number of malaria endemic districts reporting malaria cases within 24 hours of diagnosis	New indicator	3 malaria endemic districts reporting malaria cases within 24 hours of diagnosis	1	- 2	Limitations in the software licensing agreement hampered achievement in the two districts in KZN
Ensure access to and efficient effective delivery of quality Emergency Medical Services (EMS)	Number of provinces that are compliant with the EMS regulations	Regulations governing EMS including norms and standards published	Draft EMS Regulations developed	Regulations governing the provision of emergency medical services published for public comment	None	None
	Review EMS Response Time monitoring system	New Indicator	Review pre-hospital EMS response times indicators and finalise definitions	Pre-hospital EMS response times indicators reviewed and definitions finalised in September 2014	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
To improve Forensic Chemistry Laboratory turnaround times for blood, alcoholic, toxicology and food samples	Median waiting time for blood alcohol results.	New Indicator	Baseline established	Established baseline: 6 months.	None	None
	Turnaround times of toxicology tests and reports.	New Indicator	Baseline established	Established baseline: 12 months.	None	None
	Turnaround times of food products tests and reports.	New Indicator	Baseline established.	Established baseline for Perishable foods: 60 days and Non-Perishable food 120 day.	None	None
Improve South Africa's response with regard to Influenza prevention and control	Number of high risk population covered by the seasonal influenza vaccination.	New Indicator	750 000 high risk individuals covered with seasonal influenza vaccination.	837 845 individuals vaccinated against seasonal influenza.	+ 87 845 individuals vaccinated	None

Note: "+" means over achievement, and "-" means under achievement of the targets

Strategy to overcome areas of under performance

The World Health Organization has been approached to assist with data verification for the incidence of malaria and mobilisation of human resource capacity is being addressed with the relevant provincial Departments of Health and relevant stakeholders. Finances for purchasing of chlorophenothane dicophane (known as DDT) will be mobilised through government sources. A 24 hour

reporting system using cell phone technology, which has been developed, will be piloted in each of the malaria endemic provinces before rapid scale-up in the coming financial year.

Changes to planned targets

None

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	2 923	2 834	89	2 029	1 689	340
District Services and Environmental Health	26 827	25 790	1 037	22 620	14 070	8 550
Communicable Diseases	23 710	23 366	344	14 919	13 784	1 135
Non-communicable Diseases	25 720	25 282	438	25 620	25 441	179
Health Promotion and Nutrition	21 235	18 353	2 882	25 231	23 880	1 351
Violence, Trauma and EMS	6 740	6 730	10	12 570	11 024	1 546
Total	107 155	102 355	4 800	102 989	89 888	13 101

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 5: Hospital, Tertiary Health Services and Human Resource Development

Purpose: Develop policies, delivery models and clinical protocols for hospitals and emergency medical services. Ensure alignment of academic medical centres with health workforce programmes.

This programme consists of the following budget sub-programmes.

- Health Facilities Infrastructure Management
- Tertiary Health Care Planning and Policy
- Hospital Management
- Human Resources for Health
- Nursing Services
- Forensic Chemistry Laboratories

The Health Facilities Infrastructure Management sub-programme: focuses on co-ordinating and funding health infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and to improve the quality of care in line with national policy objectives. The sub-programme is also responsible for Conditional Grants for health infrastructure. At the end of 2014/15, of a total of 1761 infrastructure projects at 888 facilities, 32% are in construction stage, 34% are in pre-implementation stage and 6% are in final completion stage.

The Minister gazetted the Health Infrastructure Norms and Standards Guidelines work packages in Government Gazette No. 37790 R512, 30 June 2014. The latest Infrastructure Unit Support Systems documentation for all work packages are published online at www.iussonline.co.za

The Tertiary Health Care Planning and Policy sub-programme: focuses on developing an effective referral system to ensure clear delineation of responsibilities by level of care, providing clear guidelines for referral and improved communication, developing specific and detailed hospital plans, and facilitating quality improvement plans for hospitals.

The Hospital Management sub-programme: deals with national policy for hospital services by focusing on developing an effective referral system to ensure clear delineation of responsibilities by level of care, providing clear guidelines for referral and improved communication, developing specific and detailed hospital plans, and facilitating quality improvement plans for hospitals. Priority areas for hospital improvements include cleanliness, infection prevention and control, patient safety, drug management and availability of medicines, waiting times, and staff attitudes.

The Human Resources for Health sub-programme: is responsible for medium- to long-term health workforce planning, development and management in the national health system. This entails facilitating implementation of the national Human Resources for Health (HRH) Strategy, health workforce capacity development for sustainable service delivery, and development and co-ordination of transversal human resource management policies. The sub-programme also facilitates the process of increasing

the number of health professionals in the health sector; the implementation of the HRH Strategy; the development of health workforce staffing norms and standards; and the development of Staffing Normative Implementation Guidelines for PHC facilities. The final Workload Indicator of Staffing Need (WISN) for primary health care will enable provincial Departments of Health to determine the appropriate staffing numbers and skill mix for clinics and community health centres.

The Nursing Services sub-programme: is newly established to develop, reconstruct and revitalise the nursing profession to ensure that South Africa's healthcare system has appropriately skilled nurses with the requisite competence and expertise to manage the country's burden of disease and meet South Africa's healthcare needs. In 2014/15 financial year, the legislative, regulatory and service requirements to ensure that public nursing colleges remain the primary training platform for nursing education and training were determined. In addition, a framework for a national policy for nursing education and training for South Africa was developed. The purpose of the national policy is to ensure uniformity in the administration, financing provisioning and management of nursing education across the country.

Progress was made towards the development of a model for strengthening clinical training for student nurses across service delivery platforms. A benchmarking visit was conducted in the Western Cape Province to learn about their clinical training model. An audit of the profile and capacity of nurse educators to offer service-oriented nursing education and training programmes within a re-engineered primary health care approach was determined. The Department embarked on the process of assisting public nursing colleges to be ready to offer NQF-aligned nursing qualifications. Three provinces are participating in the pilot project, namely Mpumalanga, Free State and KwaZulu-Natal. An assessment of the state of readiness of selected nursing colleges to offer NQF-aligned nursing qualifications (one per province) has been completed. Lessons generated from the pilot project will inform implementation of NQF-aligned nursing programmes across public sector colleges.

The Forensic Chemistry Laboratories sub-programme: oversees the three forensic chemistry laboratories located in Johannesburg, Pretoria and Cape Town and managed by the Department. Since oversight by the Department was increased, the forensic pathology services are beginning to show significant improvement in turnaround times for the performance of autopsies (refer to Programme 3: PHC for Performance Indicators). A National Forensic Pathology Committee was appointed to ensure that forensic pathology services in the country are upholding acceptable standards. In 2014/15, the sub-programme developed norms and standards for the management of disasters. These resulted in the successful repatriation of the remains of all South Africans who perished in the collapse of a building in Lagos, Nigeria, including the facilitation of tissues for DNA analysis through authorisation of the required import and export permits in terms of Chapter 8 of the National Health Act (61 of 2003).

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Increase capacity of central hospitals to strengthen local decision making and accountability to facilitate semi-autonomy of 10 central hospitals	No. of central hospital with reformed management and governance structures as per the prescripts	Concept document on the Draft regulatory Framework for central Hospitals developed	0	0	None	None
Ensure equitable access to tertiary service through implementation of the National Tertiary services plan	Number of gazetted hospitals providing the full package of Tertiary ¹ Services	New Indicator	2 gazetted tertiary hospitals providing the full package of Tertiary 1 services	3	+1	The two T1 hospitals that achieved their targets last year were the Red Cross War Memorial Hospital and Greys Hospital. Helen Joseph Hospital also achieved the target, despite this hospital not having been targeted at the time. Additional National Tertiary Services Grant (NTSG) support visits made
Ensure quality health care by improving compliance with National Core Standards at all Central, Tertiary, Regional and Specialised	% compliance with extreme and vital measures of the National Core Standards at all Central, Tertiary, Regional and Specialised Hospitals	46 activities and packages on Norms and Standards guideline developed of which three were presented to NHC	100% compliance with extreme and vital measures of the National Core Standards in 5 Central Hospitals	1 targeted Central hospital fully complied with the National Core Standards namely: Steve Biko at 96%	-4 targeted Centrals hospitals	The four targeted hospitals achieved compliance rates falling between 72% and 89%. The main shortcomings in the priority areas in these hospitals were Waiting times, positive and caring attitude of staff and cleanliness. These are amenable to management intervention
Develop health workforce staffing norms and standards	Develop guidelines for HRH norms and standards using the WISN methodology	Model for health workforce norms and standards was developed using Workload Indicators for Staffing Need	Determine norms for PHC. Orientate District Hospital managers	Staffing norms and standards for Clinics and CHCs developed. Implementation guideline developed	None	None
Ensure that the number, distribution, quality and standard of health facilities are in compliance with norms and standards	Number of Regional Training Centres (RTCs) established	New Indicator	3 RTC's established	4 RTC established and functional	+1 RTC	The department planned to support and strengthen 3 RTCs in provinces of Gauteng, Mpumalanga and Limpopo, to meet the minimum requirements for a functional RTCs. However, the North West province was also assessed during the reporting period and it met the set criteria hence it has been included as an additional functional RTC for 2014/15 reporting period
Improve quality of Nursing training and practice by ensuring that all Nursing colleges are accredited to offer the new Nursing qualification	Number of public nursing colleges accredited to offer the new nursing qualification	New Indicator	5 public nursing colleges accredited to offer the new nursing qualification	0	-5	A scope of requirements for the implementation of the nursing strategy needed to be developed first
Improve quality of health infrastructure in South Africa by ensuring all new health facilities are compliant with health facility norms and standards	Percentage of facilities that comply with gazetted infrastructure Norms & Standards	New Indicator	100% from date of gazetting	100%	0%	None

Strategy to overcome areas of under performance

In terms of the National Nursing Strategy, public sector colleges of nursing should be positioned to offer nursing qualifications that fall within the higher education band. The goal is to improve the competency, skill, attitude and professionalism of nurses. To achieve this, the

re-positioning of nursing training under the National Department of Health and capacitating of the nursing colleges will require reprogramming.

Changes to planned targets

None.

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	4 200	4 191	9	2 378	2 263	115
Health Facilities Infrastructure Management	6 124 260	5 807 614	316 646	5 791 166	5 546 054	245 112
Tertiary Health Care Planning and Policy	10 172 305	10 172 223	82	9 624 692	9 624 393	299
Hospital Management	4 672	4 583	89	5 499	5 663	(164)
Human Resources for Health	2 380 929	2 380 818	111	2 215 167	2 212 908	2 259
Nursing Services	2 656	2 563	93	1 738	1 092	646
Forensic Chemistry Laboratories	119 831	110 056	9 775	90 542	93 852	(3 310)
Total	18 808 853	18 482 048	326 805	17 731 182	17 486 225	244 957

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 6: Health Regulation and Compliance Management

Purpose: Regulate the procurement of medicines and pharmaceutical supplies, including food control, and the trade in health products and health technology. Promote accountability and compliance by regulatory bodies for effective governance and quality of health care.

This programme has the following five budget sub-programmes:

- Pharmaceutical Trade and Product Regulation
- Food Control
- Public Entities Management
- Office of Health Standards Compliance (Quality Assurance)
- Compensation Commissioner for Occupational Diseases and Occupational Health

The Pharmaceutical Trade and Product Regulation

Sub-programme regulates the sale of medicines, through an assessment of the efficacy safety and quality of medicines.

The Food Control Sub-programme : regulates foodstuffs and non-medical health products to ensure food safety. This entails developing and implementing food control policies, regulations, and norms and standards.

The Public Entities Management Sub-programme: provides policy frameworks for health public entities and statutory health professions councils with regard to planning, budgeting procedures, ownership, governance, remuneration, accountability, and financial reporting and oversight. The bulk of this sub-programme's budget is transferred to the following health public entities: Medical Research Council, the National Health Laboratory Service and the Council for Medical Schemes. The sub-programme supports the Executive Authorities' oversight responsibility for the public entities (as listed) and statutory health professional councils, namely: the Allied Health Professions Council of South Africa, the Health

Professions Council of South Africa, the South African Pharmacy Council, the South African Dental Technicians Council of South Africa, the South African Nursing Council, and the Interim Traditional Health Practitioners Council of South Africa.

The Office of Health Standards Compliance (Quality Assurance) Sub-programme: The Office of Health Standards Compliance began operating independently in 2014/15.

The Department has established a Quality Improvement Unit that will focus on the development of policies for continuous quality improvement. The pilot for conducting Patient Experience of Care was conducted in 2013/14 in seven provinces. In 2014/15, the results of the pilot were used to inform the development of the national Guidelines on Conducting Patient Experience of Care survey. These guidelines inform the determination of the Patient Satisfaction Survey rate and the Patient Satisfaction rate, and were disseminated to provinces (through provincial workshops). The guidelines standardise the period, method of selection of patients, and data capturing and analysis. It is envisaged that facilities will conduct the surveys in the second quarter of every financial year and therefore in this case will be run during the current financial year (2015/16). Also in 2014/15, a web-based survey capturing and analysis instrument was developed in the DHIS2 software.

The Compensation Commissioner for Occupational Diseases and Occupational Health: is responsible for the payment of compensation to active and former workers in controlled mines and works who have been certified to be suffering from cardiopulmonary-related diseases as a result of workplace exposure. Over the medium term, focus will be placed on re-engineering business processes regarding revenue to ensure sustainability; reducing the turnaround period in settling claims; amending the Occupational Diseases in Mines and Works Act (78 of 1973); and improving governance, internal controls and relationships with the key stakeholders.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Regulate Complementary and Alternative Medicines (CAMS), Medical Devices, Invitro Diagnostics and African Traditional Medicines in South Africa	Regulate Complementary and Alternative Medicines (CAMS), Medical Devices, Invitro Diagnostics and African Traditional Medicines	New indicator	CAMS for Oncology, Cardiovascular Diseases, HIV/AIDS and Diabetes Regulated	Medical Devices & IVDs: Published Guidelines and proposed legislation in November 2014 for stakeholder comments deadline 2015. CAMS: published proposed definition for complementary medicine and guidelines on Vitamins & Minerals. 10 CAMS applications under review	None	None
Improve the efficiency of the Regulator through restructuring by establishing South African Health Product Regulation Authority (SAHPRA) as a public entity	Establish SAHPRA as a public entity.	Draft amendments submitted to Parliament	Medicines and Related Substances Amendment Bill	Medicines and Related Substances Amendment Bill 6 of 2014 making provision for SAHPRA discussed by Health Portfolio Committee and stakeholders	None	None
Strengthen food safety through expanding testing capabilities for adulterants (colourants, protein, and allergens)	Develop and establish MOUs with food testing institutions to enable testing for adulterants in food products	New indicator	Consultations and two draft MOUs with testing institutions	On-going internal consultations to establish the extent of the capacity and capabilities to conduct testing of food samples	Draft MOU's not yet in place	Governmental testing institutions lack capacity to follow up on DoH requests for clarification on testing capabilities
Improve registration of response times for antiretroviral, oncology, TB medicines and vaccines used to treat high burden diseases	Percentage of prioritised medicines (antiretroviral, oncology, TB medicines and vaccines) registered within 22 Months for New Chemical Entities (NCEs), and 15 months for multisource medicines	New indicator	70% of all prioritised medicines registered within 22 months (NCEs) and 15 months (multisource medicines)	67% of NCEs were registered within 22 months and 8% of multisource medicines were registered within 15 months	-3% for NCEs and -62% for multisource medicines	Old medicine applications dated from 1990s still in system. Unable to comply with current regulatory requirements. Lack of experienced and skilled valuers
Improve oversight and Corporate Governance practices by reviewing the Governance Framework and Implementation Plan biennially	Develop and Implement Governance Framework and Implementation Plan for Public Entities and Statutory Councils	Public Health entities Governance and Management Framework implemented and governance reports produced bi-annually	Approved Governance Framework and Implementation Plan	Governance Framework and implementation plan developed	Governance Framework and implementation plan not approved	The develop Governance Framework and implementation plan needed to be amended to reflect discussions of the strategic planning session in relation to governance of public entities
	Functional governance structures established	New indicator	Fully constituted Boards/ Councils for health entities and statutory councils of the Department (MRC, NHLS, CMS, OHSC, AHPCSA, HPCSA, SAPC, SANC, SADTC, ITHPCSA, MCC)	The Public Entities and Statutory Health Professional Councils Governance structures were fully functional throughout the reporting period	None	None
To monitor the existence of and progress on annual and regular plans that addresses breaches of quality, safety and compliance in all public sector establishments	Percentage of Health Establishments that have developed an annual Quality Improvement Plan (QIP) based on a self-assessment (gap assessment) or OHSC inspection	76%	45%	63%	+18%	A total of 1458 of 2316 facilities had QIPs

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Enhance governance and management by establishing all committees at the CCOD/MBOD	Audit opinion from the Auditor-General for CCOD	New Indicator	Governance structures enhanced to improve audit outcome	Governance structures were enhanced and functioning	None	None
Establish occupational health services within the public health system	Number of provinces with occupational health services within their facilities	New Indicator	Establishment of one occupational health service in one health facility in each of Eastern Cape and Gauteng provinces	One occupational health service facility established in Eastern Cape and Gauteng provinces	None	None
Provide for coordinated disease and injury surveillance and research by establishing National Public Health Institute of South Africa (NAPHISA)	Establish National Public Health Institutes of South Africa (NAPHISA)	Framework for National Public Health Institute developed	Conceptual framework and Business case for NAPHISA approved	Conceptual framework document and business case for NAPHISA developed	The conceptual framework document and business case have been developed but not approved	The legislative framework for NAPHISA is to have to be finalised before the conceptual framework document and business case can be approved
To improve the acceptability, quality and safety of health services by increasing user and community feedback and involvement	Patient satisfaction surveys rate.	Protocol for conducting Patient Satisfaction Surveys was developed	70%	49%	-21%	Provincial workshops conducted on the new guidelines and development of web-based data capturing and analysis instrument finalised in 2014/15
	Patient satisfaction rate	Protocol for conducting Patient Satisfaction Surveys was developed	Determine Baseline	Baseline determined	None	None

Note: "+" means over achievement, and "-" means under achievement of the targets

Strategy to overcome areas of under performance

The Pharmaceutical Trade and Product Regulation Sub-programme is engaging with the Human Resource Management Sub-programme on the establishment of a Medical Device Unit to allow for a focused approach to

medical devices. The Sub-programme will also prepare a draft Memorandum of Understanding for discussion.

Changes to planned targets

None

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	3 832	3 758	74	3 277	2 833	444
Food Control	6 907	6 871	36	8 277	7 156	1 121
Pharmaceutical trade and product regulation	118 258	102 429	15 829	98 352	92 539	5 813
Public Entities' Management	619 500	619 408	92	543 670	543 172	498
Office of Health Standards Compliance	81 636	60 107	21 529	58 155	52 967	5 188
Compensation Commissioner for Occupational Diseases and Occupational Health	55 912	46 626	9 286	54 959	36 439	18 520
Total	886 045	839 199	46 846	766 690	735 106	31 584

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

2.5 Transfer Payments**Transfer payments to Public Entities**

Sub-Programme					TRANSFER
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer
	R'000	R'000	R'000	R'000	R'000
Compensation Commissioner for Occupational Diseases	3 215	-	-	3 215	3 215
Medical Research Council	446 331	-	-	446 331	446 331
Medical Schemes Council	4 751	-	-	4 751	4 751
National Health Laboratory Services	125 280	-	-	125 280	125 280
Service Sector Education and Training Authority	1 269	-	-	1 269	1 276
Public Sector SETA	128	-	-	128	90
South African National AIDS Council	15 000	-	-	15 000	15 000
National Health Laboratory Services - EBOLA outbreak	2 500	-	23 238	25 738	25 738
Total	598 474	-	23 238	621 712	621 681

Transfer payments to all organizations other than public entities

Organisation				TRANSFER	
	Adjusted appropriation	Roll overs	Adjustments	Total Available	Actual Transfer
	R'000	R'000	R'000	R'000	R'000
Walter Sisulu University	-	-	5 200	5 200	5 200
University of Cape Town	1 000	-	4 200	5 200	4 200
University of KwaZulu-Natal	-	-	5 200	5 200	5 200
University of Pretoria	-	-	7 200	7 200	7 200
University of Stellenbosch	-	-	5 000	5 000	5 000
University of the Witwatersrand	-	-	13 400	13 400	13 400
University of Limpopo (MEDUNSA)	2 000	-	-	2 000	-
World Health Organisation	-	-	2 658	2 658	2 622
Health Systems Trust	10 867	-	2 000	12 867	12 867
Life Line	19 023	-	-	19 023	19 023
Lovelife	69 843	-	-	69 843	69 843
SA Council for the Blind	718	-	-	718	718
Soul City	15 561	-	-	15 561	15 561
South African Community Epidemiology Network on Drug Abuse	450	-	63	513	512
National Council Against Smoking	768	-	-	768	768
Maternal, Child and Women's Health:Non-governmental Organisations	1 410	-	-	1 410	-
Limpopo Mental Health Society	82	-	-	82	82
World Congress on Paediatric Cardiology	100	-	-	100	100
South African Federation for Mental Health	320	-	-	320	320
Health Information System Programme	5 000	-	6 571	11 571	11 571
Human Sciences Research Council	-	-	1 500	1 500	1 499
Wits Health Consortium	-	-	600	600	600
National Kidney Foundation of South Africa	-	-	350	350	-
District Health Facilities and Environmental Health System Global – South Africa	2 000	-	-	2 000	2 000
HIV and AIDS: Non-governmental Organisations	79 921	-	-	79 921	79 919
National Institute Community Development and Management (NICDAM)	-	-	-	-	3 254
Community Responsiveness Programme (CPR)	-	-	-	-	1 250
Ukhamba Projects	-	-	-	-	2 070
Friends for Life	-	-	-	-	1 725
Zakheni Training and Development	-	-	-	-	3 555
Leseding Care Givers	-	-	-	-	2 383
Leandra Community Centre	-	-	-	-	2 439
Ikusasa Le Sizwe Community	-	-	-	-	1 333
Get Down Productions	-	-	-	-	5 550
Highveld East Aids Projects Support (HEAPS)	-	-	-	-	6 653
ESSA Christian Aids Programme (ECAP)	-	-	-	-	2 345
COTLANDS	-	-	-	-	1 317
Seboka Training and Support Network	-	-	-	-	2 073
Muslim Aids Programme (MAP)	-	-	-	-	1 153
Networking Aids Community of South Africa (NACOSA)	-	-	-	-	1 000
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	-	-	-	-	3 374
Centre for Positive Care (CPC)	-	-	-	-	3 079
South African Men's Action Group (SAMAG)	-	-	-	-	1 025
Educational Support Services Trust (ESST)	-	-	-	-	4 307
Moretele Sunrise Hospice	-	-	-	-	2 264
Alliance Against HIV/AIDS (AAHA)	-	-	-	-	1 829
Disabled People South Africa (DPSA)	-	-	-	-	1 000

Organisation				TRANSFER	
	Adjusted appropriation	Roll overs	Adjustments	Total Available	Actual Transfer
	R'000	R'000	R'000	R'000	R'000
Alliance Against HIV/AIDS (AAHA)	-	-	-	-	1 829
Disabled People South Africa (DPSA)	-	-	-	-	1 000
The Training Institute for Primary Health Care (TIPHC)	-	-	-	-	1 695
BOKAMOSO	-	-	-	-	933
Humana People to People	-	-	-	-	950
South African Organisation for the Prevention of HIV/AIDS (SAOPHA)	-	-	-	-	1 650
Community Development Foundation of South Africa	-	-	-	-	1 901
St Joseph Care Centre – Sizanani	-	-	-	-	1 831
Boithuti Lesedi Project	-	-	-	-	2 050
Get Ready	-	-	-	-	1 998
Mpilonhle	-	-	-	-	1 650
Poverty Alleviation Support for People living with AIDS (PASPWA)	-	-	-	-	500
Agri Aids SA NPC	-	-	-	-	1 508
Hospice Pallative Care Association	-	-	-	-	2 013
Society for Family	-	-	-	-	2 150
TB/HIV Care Association	-	-	-	-	2 150
Sakhile CBO	-	-	-	-	1 000
Ramotshinyadi HIV/AIDS	-	-	-	-	962
TOTAL	206 063	-	11 084	217 147	215 383

2.6 Conditional Grants

Conditional grants and earmarked funds paid (Direct Grant)

National Tertiary Service Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> Ensure provision of tertiary health services for all South African citizens To compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	<ul style="list-style-type: none"> Provision of designated central and national tertiary services in 27 hospitals/complexes as agreed between the province and the National Department of Health (DoH)
Actual outputs achieved	<ul style="list-style-type: none"> 679 338 inpatient separations 303 913 day patient separations 1 131 401 outpatient 1st attendance 3 033 619 out-patient follow-up attendances 3 909 845 in-patient days
Amount per amended DORA (R'000)	R10,168,235
Amount received (R'000)	R10,168,235
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R 10,133,029 or 100%
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> None
Reasons for deviations on performance	<ul style="list-style-type: none"> None
Measures taken to improve performance	<ul style="list-style-type: none"> The NTSG Directorate will continue to undertake provincial and facility site visits to address the challenges faced by provinces and facilities in the process of managing the grant.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> Each province has a dedicated team monitoring expenditure on the grant. Monthly meetings are held between the province and the funded facilities.

Comprehensive HIV/ AIDS Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> To enable the health sector to develop an effective response to HIV and Aids, including universal access to HIV counselling and testing (HCT) To support the implementation of the National Operational Plan for comprehensive HIV and Aids treatment and care To subsidise in-part funding for the antiretroviral treatment programme
Expected outputs of the grant	<ul style="list-style-type: none"> Number of new patients that started on ART Number of patients on ART remaining in care Number of male condoms distributed Number of female condoms distributed Number of exposed infants HIV positive at 6 weeks Polymerase Chain Reaction (PCR) Number of clients tested for HIV (including antenatal) Number of medical male circumcision performed
Actual outputs achieved	<ul style="list-style-type: none"> Number of new patients that started on ART (683 680) Medical Male Circumcision performed (508 404) Number of clients tested for HIV (11 197 319 including antenatal clients tested) Number of male condoms distributed (723 799 877) Number of female condoms distributed (20 700 161)
Amount per amended DORA (R'000)	R12 311 322
Amount received (R'000)	R12 311 322
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R12 244 548 or 100%
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> Eastern Cape under-spent by less than 1% due to networking and computer equipment that could not source in time. Gauteng Province under-spent by 2% due to challenges with processing of payments (verification and batching prior to payments made). Some invoices for their PASOP campaign could not be processed in time.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> Intensified monitoring of expenditure and performance data. Data mop-up and verification visits are conducted by the Department on a quarterly basis. Targeted 25% expenditure per quarter Immediate intervention is done at high level for all under-performing provinces Continuous feedback to the National Health Council Training and support at facility level to improve data quality and reporting timelines Support in the implementation of the TIER.Net system Intensified social mobilisation, for demand creation of HIV and AIDS services

Health Facility Revitalisation Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including: health technology, organisational design (OD) systems and quality assurance (QA) Supplement expenditure on health infrastructure delivered through public-private partnerships To enhance capacity to deliver health infrastructure
Expected outputs of the grant	<ul style="list-style-type: none"> Number of health facilities, planned, designed, constructed, equipped, operationalised and maintained
Actual outputs achieved	<ul style="list-style-type: none"> By March 2015, 638 projects were in various planning stages; 577 were in construction; 463 reached completion ; 1 terminated and 9 were placed on hold
Amount per amended DORA(R'000)	R5 501 981
Amount received (R'000)	R5 501 981
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R5, 532 643 or 100 % including rollovers
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> Supply chain management challenges – delays in tender processes Delays in construction sites Delays in submission of final accounts which led to non-payment Contracts terminated due to poor performance of the contractors Roll-over requested for unspent funds
Measures taken to improve performance	<ul style="list-style-type: none"> Improve the planning (forward planning) and procurement processes
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> Each province has a project management team to manage all projects funded from the grant. The DORA also allocates a capacity-building budget per province to ensure that all required skills can be acquired. Day-to-day monitoring and oversight is performed by each province. Monthly and quarterly meetings are held. Project performance is also discussed in NDoH Progress Review meetings. The NDoH conducts monitoring through provincial visits and inspections.

Health Professional Training and Development Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> Support provinces to fund service costs associated with training of health science trainees on the public service platform
Expected outputs of the grant	<ul style="list-style-type: none"> Number of undergraduate health science trainees Number of registrars and other post graduate health science trainees Other health science trainees supervised on the public health service platforms per statutory requirements Number of clinical teaching and training personnel in designated developmental provinces
Actual outputs achieved	<ul style="list-style-type: none"> Number and composition of health sciences students by province and training institution = 75 562 Number and composition of health sciences students by province and training institution (post graduates) (undergraduates) = 20 650 Number of registrars per discipline and per institution = 9 115 Number of specialists per discipline = 9 260 Expanded specialists and teaching infrastructure in target provinces= 236
Amount per amended DORA (R'000)	R 2 321 788
Amount received (R'000)	R 2 321 788
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R 2 323 128
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> The Department spent 100% of the grant.
Reasons for deviations on performance	<ul style="list-style-type: none"> None
Measures taken to improve performance	<ul style="list-style-type: none"> The Directorate will continue to undertake provincial and facility site visits to address the challenges faced by provinces and facilities in the process of managing the grant.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> Monthly meetings are held between the province and the funded facilities. Each province has a dedicated team that monitors expenditure on the grant.

National Health Insurance Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> • Test innovations in health services delivery and provision for implementing NHI, allowing for each district to interpret and design innovations relevant to its specific context, in line with the vision for realising universal health coverage for all • To undertake health system strengthening activities in identified focus areas • To assess the effectiveness of interventions/activities undertaken in the districts funded through this grant
Expected outputs of the grant	<ul style="list-style-type: none"> • Existing municipal ward-based outreach teams equipped to collect relevant data from households • Monitoring and evaluation, including impact assessment of the effectiveness of existing municipal ward-based outreach teams undertaken • Monitoring and evaluation of direct delivery of chronic medication to patients undertaken to support efficient and effective provision of health services within the district • Lean principles for supply chain management in relation to the non-negotiables implemented • Research/impact assessment reports on district capacity for monitoring and evaluation, in selected Interventions
Actual outputs achieved	<ul style="list-style-type: none"> • Existing Ward-based PHC Outreach Teams equipped to collect relevant data from households • Monitoring and evaluation including impact assessment of the effectiveness of existing Ward-based PHC Outreach Teams undertaken • Monitoring and evaluation of direct delivery of chronic medication to patients undertaken to support efficient and effective provision of health services within the district • Lean Management principles for supply chain management in relation to the non-negotiables implemented • District capacity for monitoring and evaluation, including research/impact assessment reports of selected interventions, undertaken
Amount per amended DORA	<ul style="list-style-type: none"> • R76 956 000 • Roll-out and implementation of the three streams of PHC re-engineering, e.g. Ward-based Outreach Teams, Integrated School Health programme and the District Clinical Specialist Teams. These teams are helping to address key health challenges around maternal and child health as well as undertaking health promotion. • Provision of uniforms, medical kits and equipment for data collection to the Ward-based PHC Outreach Teams as part of strengthening PHC services • Contracting of health practitioners to assist with rendering key health services at the public clinics – this helps decongest facilities and where possible, shortens waiting times • Roll-out of the Centralised Chronic Medication Dispensing and Distribution (CCMDD) programme which helps to promote access to medicines • Infrastructure improvement initiatives, e.g. construction and upgrade of clinics and hospitals (through the NHI In-kind Grant) • Initiation of a patient registration system at clinic level (in collaboration with CSIR) • Purchasing of key equipment and complementary resources to assist with quality improvement initiatives within facilities located within the districts • Provision of administrative support to assist in addressing staffing gaps at the district level (with a particular focus of strengthening monitoring and evaluation capacity)
Amount received (R'000)	R76,956
Reasons if amount as per DORA was not received	None
Amount spent by the department(R'000)	R63,605 or 83%
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> • The NHI-CG is now in its third year of implementation. However, the NHI pilot districts continue to encounter the same set of challenges and hurdles in implementing the various service delivery innovations as provided for in the DORA. These challenges are primarily linked to supply chain management delays, a lack of sufficient delegations as well as other systemic problems related to staff challenges at the district level. It is becoming increasingly difficult for the pilot districts to effectively perform activities in line with the approved business plans as most of the interventions require the availability of supplementary Equitable Share funding. Innovations are difficult to perform within a restrictive administrative environment that does not have appropriate staffing to enable efficient, effective and proactive planning, monitoring and evaluation, and decision-making at the district level.
Reasons for deviations on performance	<ul style="list-style-type: none"> • Supply chain management delays and capacity inadequacies, and the lack of sufficient delegations as well as other systemic problems related to staff challenges at the district level
Measures taken to improve performance	<ul style="list-style-type: none"> • The Department has provided the pilot districts with additional administrative capacity to assist with programmatic planning, implementation, monitoring and evaluation as well as reporting. This is in the form of a Provincial NHI Co-ordinator (at a Deputy Director-General level) as well as a Deputy Director: Monitoring and Evaluation at the District Health Management Team level. • Additional interventions include stronger co-ordination of planned interventions with other funding sources (such as the NHI In-kind Grant that focuses on infrastructure revitalisation and refurbishment), as well as the contracting of health practitioners to strengthen and improve health service delivery capacity at the public clinic level.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> • The Department undertakes quarterly performance monitoring and evaluation meetings to assess progress against set targets.

National Health Grant: Health Facility Revitalisation Grant (Indirect Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including health technology, organisational systems (OD) and quality assurance (QA) in National Health Insurance (NHI) pilot districts Supplement expenditure on health infrastructure delivered through public-private partnerships To enhance capacity to deliver infrastructure in health
Expected outputs of the grant	<ul style="list-style-type: none"> Number of health facilities, planned, designed, constructed, equipped, operationalised and maintained
Actual outputs achieved	<ul style="list-style-type: none"> By March 2015, there were 240 reported projects funded from the NHG across the country for the 2014/2015 financial year; 142 were in construction, and 22 reached practical and works completion.
Amount per amended DORA	R 604 862
Amount received (R'000)	R 604 862
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000) and deviations on performance.	R 292 345 or 48.3%
Measures taken to improve performance	<ul style="list-style-type: none"> The major challenge experienced is the total supply chain management (SCM) infrastructure process. Procurement conducted under the In-kind Grant resulted in under-expenditure and the Cluster is in the process of improving the SCM Infrastructure processes. Delay in the implementation was due to the lengthy procurement process.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> Improve the planning and procurement processes. Day-to-day monitoring and oversight is performed by each Project Champion and Project Manager. In loco monitors are appointed to assist with monitoring of projects. Monthly and quarterly progress meetings are held.
Measures taken to improve performance	<ul style="list-style-type: none"> Improve the planning and procurement processes.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> Day-to-day monitoring and oversight is performed by each Project Champion and Project Manager. In loco monitors are appointed to assist with monitoring of projects. Monthly and quarterly progress meetings are held.

National Health Grant: National Health Insurance (Indirect Grant)

Department that transferred the grant	National Treasury
Purpose of the grant	<ul style="list-style-type: none"> To develop and implement innovative models for contracting medical practitioners within the NHI pilot districts To identify and test alternative reimbursement models for central hospitals in readiness for the phased implementation of NHI To support central hospitals in strengthening health information systems and revenue management
Expected outputs of the grant	<ul style="list-style-type: none"> Innovative models for the contracting of medical practitioners within selected NHI pilot districts Phase 1 of DRG tool development undertaken 200 medical practitioners contracted to render services at health facilities in NHI pilot districts Models for strengthening information and revenue management systems and an identified reimbursement mechanism for central hospitals
Actual outputs achieved	<ul style="list-style-type: none"> The data extraction from clinical files within the central hospitals has been undertaken at eight out of the 10 central hospitals. The initial financial and clinical analyses have been undertaken and the draft case-mix analysis report prepared. Phase 2 of the programme of work on developing the base Diagnosis-related Grouper has started. Other data sources from private partners are being sourced for the purposes of triangulation and data validation. For the contracting of health practitioners' component, 256 doctors were placed at various clinics in the NHI pilot districts.
Amount per amended DORA (R'000)	R388,044
Amount received (R'000)	R388,044
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000) and deviations on performance.	R82,261 or 21%
Measures taken to improve performance	<ul style="list-style-type: none"> The Department has established National Technical Task Teams comprising representatives from the national and provincial levels with participation from private sector partners as part of programme oversight and M&E. The Central Hospitals programme is being undertaken with PricewaterhouseCoopers as part of the data collection and technical analysis work. The GP Contracting component appointed service providers to assist with the recruitment and placement of contracted health professionals at identified clinics within the NHI pilot districts. The introduction of an independent service provider for the recruitment and placement of General Practitioners (GPs) in November 2014 has significantly increased the number of GPs contracted. Since November 2014, a further 150 doctors have been recruited.
Monitoring mechanism by the receiving department	The Department undertakes quarterly performance monitoring and evaluation meetings to assess progress against set targets. The Department has also established National Technical Task Teams comprising representatives from the national and provincial levels with participation from private sector partners as part of programme oversight and M&E.

National Health Grant: Human Papillomavirus (HPV) Component (Indirect Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> To enable the health sector to prevent cervical cancer by making available HPV vaccination for Grade 4 school girls
Expected outputs of the grant	<ul style="list-style-type: none"> 80 per cent grade 4 school girls received the HPV vaccination 80 per cent of schools with grade 4 girls reached by the HPV vaccination team
Actual outputs achieved	<ul style="list-style-type: none"> 92% of Grade 4 schoolgirls received the HPV vaccination. 92.6% of schools with Grade 4 girls were reached by the HPV vaccination team.
Amount per amended DORA (R'000)	R 200 000
Amount received (R'000)	R 200 000
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000) and deviations on performance.	<ul style="list-style-type: none"> R189 489 or 94.7% The reason for under-spending is unprocessed payments due to a virement shift that could not be processed and delays in procurement processes for vaccine fridges. Funds could not be rolled over as the budget for the fridges was not committed.
Measures taken to improve performance	<ul style="list-style-type: none"> Plans for implementing electronic data capturing at delivery sites to facilitate immediate and accurate reporting of outputs
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> Standardised pre- and intra-campaign monitoring tools were developed for supervisors to monitor planning prior to and progress made during each HPV vaccination campaign.

2.7 Donor Funds**Donor Funds Received**

Name of donor	Health and Welfare SETA
Full amount of the funding (R'000)	<ul style="list-style-type: none"> R9 950
Period of the commitment	<ul style="list-style-type: none"> 2011 – 2015
Purpose of the funding	<ul style="list-style-type: none"> Skills Programme for data capturers – national bursaries National Skills Fund (NSF)
Expected outputs	<ul style="list-style-type: none"> Provision of funding assistance to beneficiaries of the national bursary
Actual outputs achieved	<ul style="list-style-type: none"> 38 learners graduated on different health related studies
Amount roll forward (R'000)	<ul style="list-style-type: none"> R 628
Amount spent by the department (R'000)	<ul style="list-style-type: none"> R 67
Reasons for the funds unspent	<ul style="list-style-type: none"> The funds have been spent accordingly, the duration of spending is in line with the proposed plan
Monitoring mechanism by the donor	<ul style="list-style-type: none"> Finance and performance tools are compiled on a monthly basis

Name of donor	CDC (United States)
Full amount of the funding (R'000)	<ul style="list-style-type: none"> R 40 755
Period of the commitment	<ul style="list-style-type: none"> 1 April 2014 - 31 March 2015
Purpose of the funding	<ul style="list-style-type: none"> Strengthen the capacity of National Department of Health to scale up PHC services to improve the management of HIV/AIDS services.
Expected outputs	<ul style="list-style-type: none"> Seven PHC Systems Strengthening Co-ordinators to be hired (District health technical advisers) MMC Technical Assistant to be hired Five TB: TB M&E Technical advisors to be hired. Project Management Unit Director and Financial Manager to be hired PEPFAR Framework Implementation Plan (PFIP) Unit: hire PFIP Lead, PFIP Care and Treatment, PFIP HSS Co-ordinator and a PFIP Admin Officer Paediatrics - printing of 37 000 job aids for HCT of children (IEC Material). Printing of 20 000 paediatric and adolescent ART clinical stationery PMTCT: printing of IEC materials for PMTCT PC 101: Training of Master Trainers and facility trainers on PC 101 in the 11 NHI districts Paediatrics: National and provincial paediatric and adolescent HCT trainings, and training on paediatric HCT strategy Tier.Net refresher training Antimicrobial Resistance Workshop: to fund the Antimicrobial Resistance Stakeholder Consultative Meeting wherein stakeholders can contribute to the development of a strategy to address the antimicrobial resistance challenges faced by South Africa. This will form the basis of a draft national antimicrobial resistance policy and resolutions for discussion at the World Health Assembly Uninterruptable Power Supply (UPS) devices: these will be used for computers across South Africa used to maintain data for the Tier.Net system. HIV Counselling and Testing: thermometers. The equipment will be used to ensure that kits are stored at correct temperatures for quality assurance. TB: purchase audiometers to strengthen the hearing screening programme in order to decrease the iatrogenic burden of hearing loss due to MDR-TB therapy Evaluation of Tier.Net roll-out TB: Johns Hopkins University (JHU) MDR Nurse Programme Data Capture Programme: to train data capturers placed in facilities within the PHC system to improve the recording, collation and reporting of health indicators, with a special emphasis on HIV/AIDS and TB in order to expand HIV/AIDS services to PHC level. The global financial crisis has severely constrained the national health budget.

Name of donor	CDC (United States)
Actual outputs achieved	<ul style="list-style-type: none"> • Two Primary Health Care Co-ordinators (District health technical advisers) were funded. • Two TB M&E Technical advisors were funded. • A Financial Manager was hired. Two administrators and an Assistant Director were funded. • PFIP Care and Treatment: a PFIP HSS Co-ordinator and a PFIP Administrative Officer were hired. • IEC materials for PMTCT were printed. • PC 101: trainings of Master Trainers and facility trainers on PC 101 in the 11 NHI districts were funded. • National and provincial trainings in paediatric and adolescent HCT, and training on paediatric HCT stationery, were funded. • Accommodation for Tier.Net refresher training was funded. • The Antimicrobial Resistance Workshop meeting held in April 2014 was funded. • The purchase of 575 Uninterruptable Power Supply (UPS) devices and 4 000 rewritable compact discs for TIER.Net was funded. • thermometers for the HIV Counselling and Testing Quality Assurance programme were procured. • audiometers were purchased. • The Johns Hopkins University (JHU) MDR Nurse Programme was funded. • The training of matriculants as data capturers in the public sector was funded.
Amount received (R'000)	R 40 755 (2014/15)
Amount spent by the department (R'000)	R 38 686 (2014/15)
Reasons for the funds unspent	<ul style="list-style-type: none"> • Difference in the United States fiscal year of funding and the South African fiscal year. • Delays in Departmental tender processes. • Change of Departmental priorities of CDC funded activities.
Monitoring mechanism by the donor	<ul style="list-style-type: none"> • Annual External Audit. • Federal Financial Reports. • PEPFAR Information Management System.

Name of donor	European Union
Full amount of the funding (R'000)	R1,156,653 plus a potential Euro 13 million extra in two variable tranches – requests to be submitted in late 2015 and late 2016
Period of the commitment	2012-2017
Purpose of the funding	Support the PHC re-engineering strategy
Expected outputs	<ul style="list-style-type: none"> • Increased access to PHC services • Improved quality of PHC services • Improved capacity of management of primary health care • Accelerated implementation of the National Plan on HIV/AIDS and TB • Improved maternal and child health
Actual outputs achieved	Multiple results have been achieved. There are 10 key indicators that track overall progress and each of the 20 components has its own set of indicators.
Amount received (R'000)	R375 927 (2014/15)
Amount spent by the department (R'000)	R249 351 (2014/15)
Monitoring mechanism by the donor	Quarterly meetings; tracking agreed set of 10 indicators

Name of donor	Global Fund- Single Stream Fund
Full amount of the funding (R'000)	R1,610,148
Period of the commitment	October 2013 - March 2016
Purpose of the funding	Increasing Investment for Accelerated Impact of the National Strategic Plan for HIV and TB, 2012–2016
Expected outputs	<ul style="list-style-type: none"> • 3 675 843 adults and children with advanced HIV infection (currently) receiving antiretroviral therapy • 95% of HIV positive antenatal client initiated on ART • 60% of pharmacovigilance Sites reporting on ARV adverse effects • 90% of TB/HIV co-infected client initiated on ART • 59% of laboratory confirmed MDR TB patients enrolled on second line treatment • 1548 nurses trained in MDR TB initiation and treatment (NIMDR) • 99 575 inmates diagnosed using Xpert MTB/RIF • 195 840 of community members screened for TB by mobile units in peri-mine communities • 176 256 of community members referred for HIV counselling and testing by mobile units in peri-mine communities • 60% of controlled mines that screen miners at least once a year
Actual outputs achieved	<ul style="list-style-type: none"> • 2 860 604 adults and children with advanced HIV infection (currently) receiving antiretroviral therapy • 90% of HIV positive antenatal client initiated on ART • 33% pharmacovigilance Sites reporting on ARV adverse effects • 75% of TB/HIV co-infected client initiated on ART • 63% of laboratory confirmed MDR TB patients enrolled on second line treatment • 448 nurses trained in MDR TB initiation and treatment (NIMDR) • 82 181 inmates diagnosed using Xpert MTB/RIF • 253 241 of community members screened for TB by mobile units in peri-mine communities • 222 113 of community members referred for HIV counselling and testing by mobile units in peri-mine communities • 31% of controlled mines that screen miners at least once a year.
Amount received (R'000)	R752,420 (2014/15)
Amount spent by the department (R'000)	R647,871 (2014/15)
Reasons for the funds unspent	<ul style="list-style-type: none"> • R850,346 was committed for external audit for financial year 2014-15 • High numbers of unfilled posts affected the overall grant implementation as some activities depend on personnel to carry out activities. • Low number of patients enrolled on Central Chronic Dispensing and Distribution (CCMDD) • Revision of the TB programme workplan and budget which was approved by the Global Fund on 27 March 2014 impacted spending on the TB programme • Forex gains received in February 2015, resulting in late absorption • Constraints in Department of Correctional Services due to security issues delayed implementation of the grant activities.
Monitoring mechanism by the donor	<p>The National Department of Health as Principal Recipient conducts the following activities to monitor the implementation and performance of funded programmes:</p> <ul style="list-style-type: none"> • Quarterly Data verification and site visits on implemented activities; • Quarterly workshops and meetings with Sub-recipient for programme management; • On-site technical assistance and capacity-building. <p>The Global Fund conducts regular country visits which include site visits to implementing facilities. The NDoH submits six monthly reports to Global Fund which are verified by an audit firm, the Local Funding Agent (LFA) prior to submission to Global Fund. The LFA represents the interests of the Global Fund in-country. The NDoH also submits quarterly reports to the South African National AIDS Council which serves as Country Coordinating Mechanism (CCM) for Global Fund Grants in the country. The Global Fund also conducts on-site data verification processes as part of quality checks. Periodically, the Global Fund commissions an audit through the Office of the Inspector- General (OIG) as part of weighing Global Fund's investments and identifying risks.</p>

2.8 Capital Investment

Capital investment, maintenance and asset management plan

Infrastructure projects	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New and replacement assets (Doctors Consulting rooms)	62 708	109 427	(46 719)	218 324	113 726	104 598
Existing infrastructure assets	160 041	51 992	108 049	-	-	-
Rehabilitation, renovations and refurbishments	25 841	18 827	7 014	-	-	-
Maintenance and repairs (FET Maintenance)	45 696	6 373	39 323	60 630	39 685	20 945
Total	294 286	186 619	107 667	278 954	153 411	125 543



PART C:

GOVERNANCE





3.1 Introduction

Commitment by the Department of Health to maintain the highest standards of governance is fundamental to the management of public finances and resources. Users want assurance that the Department has good governance structures in place to effectively, efficiently and economically utilise the State's resources, which are funded by the taxpayer.

3.2 Risk Management

The Department has a Risk Management Unit residing within its Cluster: Internal Audit and Risk Management. The activities of the Risk Management Unit are performed and facilitated by the Deputy Director: Risk Management, reporting to the Chief Director: Internal Audit and Risk Management.

Progress has been made in advancing the departmental commitment towards integrated risk management through establishing a formal system of risk management reporting, which makes risk management part of the decision-making structures and also part of the strategic planning and reporting processes. However, the process could not be finalised before year end.

The Department recognises that risk management is a valuable management tool which increases its prospects of success through minimising any negative impacts and optimising opportunities emanating from its operating environment.

3.3 Fraud and Corruption

The Department has a Fraud Prevention Plan and Fraud Prevention Implementation Plan. The Fraud Prevention Plan includes the "Whistle-blowing" Policy Statement. The Department subscribes to the National Anti-Corruption Hot-Line housed at the Public Service Commission. All cases received via the Hot-Line are referred by the Public Service Commission (PSC) to the Department for investigation, and the Department provides feedback to the PSC on the

progress of investigations. Other cases are reported to the Department anonymously by its own employees and by members of public, and these are investigated accordingly. The Department also co-ordinates some cases with the South African Police Services (SAPS) and other law enforcement agencies. Once the investigations are concluded, some cases proceed into internal disciplinary processes, whilst others that are of a criminal nature are handed over to the SAPS.

3.4 Code of Conduct

The Department has adopted and is adhering to the Public Service Code of Conduct in an effort to promote a high standard of professional ethics in the workplace and to encourage public servants to think and behave ethically. This is achieved through training of employees at every induction. Breaches of the Code of Conduct are dealt with through formal and informal investigations depending on the seriousness of the matter.

3.5 Health, Safety and Environmental Issues

The Department has developed and implemented an Integrated Wellness Strategy wherein a reference team is established to offer assistance to employees by internal and external experts.

The Department's strategic implementation on wellness further promotes the physical, social, emotional, occupational and spiritual wellness of individuals, as well as comprehensive identification of psychosocial health risks, by conducting quarterly health screening of employees.

3.6 Portfolio Committees

The Department engaged with 14 representatives of different Portfolio Committees during the 2014/15 financial year. A separate comprehensive report on these meetings is available.

PORTFOLIO COMMITTEE	DATE OF MEETING	AGENDA/TOPIC
On Health (National Assembly)	9 July 2014	Briefing on Strategic Plan / APP and Budget of the National Department
Select Committee on Social Services (NCOP)	8 July 2014	Briefing on Strategic Plan / APP of the National Department
On Health (National Assembly)	20 August 2014	Briefing on the Strategic Plan and Budget of the OHSC
On Health (National Assembly)	27 August 2014	Briefing on the Strategic Plan / APP of the CCOD and MBOD
On Health (National Assembly)	03 September 2014	Briefing on the Medicines and Related Substances Amendment Bill
Standing Committee on Appropriations	10 September 2014	Briefing on the 1st Quarter Expenditure for the 2014/15 Financial Year
Select Committee on Social Services (NCOP)	16 September 2014	Briefing on the District Health System
On Health (National Assembly)	17 September 2014	Briefing on the 1st Quarter Performance of the National Department
On Health (National Assembly)	25-26 September 2014	Strategic Planning Session of the Committee
Select Committee on Social Services (NCOP)	14 October 2014	Briefing on the Annual Report 2013/2014
On Health (National Assembly)	15 October 2014	Briefing on the Annual Report 2013/2014
On Health (National Assembly)	29 October 2014	Public Hearings on the Medicines Bill
On Health (National Assembly)	25 March 2015	Briefing on the Strategic Plan / APP of the CCOD

3.7 Standing Committee on Public Accounts (SCOPA) Resolutions

There were no outstanding SCOPA resolutions during 2014/15.

3.8 Prior modifications to audit reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing/ resolving the matter*
None	None	None

3.9 Internal Control Unit

Internal Control Unit ensures that a sound internal control environment is in place within the Department. The unit performs the necessary co-ordination work in this regards, ensuring that activities are performed regularly, effectively and in accordance with Department Strategy, applicable legislation and operational policies additionally, it monitors

the integrity and reliability of accounting and recording system.

The control activities and improvement effort of the internal control unit are centered on the risk matrix. This allows the department to monitor strategic and operational risk within an integrated risk-based system that combines impact, probability and current process.

3.10 Internal Audit and Audit Committee

The Department has a Internal Audit Unit that coordinates its efforts with other assurance providers. The Unit performs audits in terms of its approved audit plan, and reports functionally to the Audit Committee and administratively to the Accounting Officer.

Composition of the Committee

The Committee is made up of the following members, the majority of whom are independent and financially competent:

Name	Qualification	Internal or external member	If Internal, position in the department	Date appointed	Date resigned/ expired	No. of meetings attended
Mr H Buthelezi	<ul style="list-style-type: none"> Honours BCompt Bcomm Accounting & Auditing 	External	Not applicable	03 Oct 2011	02 Oct 2014	5 AC*
Advocate Huma	<ul style="list-style-type: none"> LLM (Bachelor of Law) LLB (Master of Laws) B,Proc 	External	Not applicable	16 March 2011 Re-appointed 27 October 2014	30 Sept 2014 26 Oct 2017	11 AC* 4 PAC* 2 Cons 1 SR
Mr T Mofokeng	<ul style="list-style-type: none"> Bachelor of Commerce, Bachelor of Accounting CIA CA 	External	Not applicable	15 June 2012	14 June 2015	11 AC*
Ms PMK Mvulane	<ul style="list-style-type: none"> Chartered Accountant & Registered Auditor, Diploma in Auditing, Bachelor of Commerce in Accounting, Bachelor of Commerce in Accounting (Honours) Final Qualify Examination South African Institute of Chartered Accountants 	External	Not applicable	15 June 2012	14 June 2015	12 AC* 4 PAC* 1 SR*
Professor J W Kruger	<ul style="list-style-type: none"> Ph.D Computer Science. M.Sc. Computer Science B.Sc. Maths, Stats & Psychology. Hons. B.Sc. Operations research. H.O.D Mathematics 	External	Not applicable	27 Oct 2014	26 Oct 2017	7 AC*
Professor TM Jordan	<ul style="list-style-type: none"> B.Com B.Compt CTA M.Compt Professional Accountant (SA) M.Inst.D 	External	Not applicable	27 Oct 2014	26 Oct 2017	2 AC*

AC= Audit Committee; PAC= Performance Audit Committee is a subcommittee of the Audit Committee
Cons= Consultation with senior management; SR= attending Strategic Risk assessment workshop

The membership has an adequate balance in terms of experience and expertise as it relates to the mandate of the Department to discharge its responsibilities.

Attendance at Meetings

The terms of reference require the Committee to meet at least four times a year. For the year under review, the Committee held 12 audit committee meetings, 4 performance audit sub-committee meetings, 2 consultation meetings and one strategic risk assesment workshop.

3.11 Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2015.

Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from Section 38(1) (a) (ii) of the Public Finance Management Act and Treasury Regulation 3.1.13. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter, has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein.

The Effectiveness of Internal Control

Management and Internal Audit Unit provide the Audit Committee with the assurance that the internal controls are appropriate and effective. This is achieved through a quarterly reporting processes that monitor implementation plans based on agreed corrective actions from Internal Audit Unit and Auditor General of South Africa.

Based on the audits conducted by Internal Audit Unit and presented at the Audit Committee meetings during 2014/15 financial year, the Audit Committee is of the opinion that the controls evaluated during those audits were adequate and effective for most of the areas tested. We do, however, emphasise that in certain instances the controls were found to be ineffective. In those areas management has assured the Audit committee that control deficiencies will be addressed as per detailed action plans, which are monitored by the Audit Committee and audited by Internal Audit Unit.

Internal Audit

The Audit Committee reviewed and approved the three year rolling internal audit plan and operational plan for 2014/2015. The Audit Committee further monitored performance of Internal Audit against the operational plan on a quarterly basis. The Audit Committee is of the opinion that the internal audit unit is not operating effectively and that it has not addressed the risks applicable to the department in its audits. The Accounting Officer and Management has agreed to implement corrective actions to enhance Internal Audit Unit performance. The corrective actions will be done in line with the Institute of Internal Auditors' standards and guides which will be monitored quarterly by the Audit Committee.

Risk Management

The Audit Committee has monitored on a quarterly basis the achievement of internal risk management milestones as per the Risk Management Implementation Plan. The Audit Committee is disappointed that the Department once again failed to finalise the strategic risk register and implement mitigating strategies pertinent to the Department's risk

profile. Risk management reporting continues to be a standing agenda item for the Audit Committee to ensure effective risk management oversight. The Audit Committee will provide closer monitoring of risk management unit on a quarterly basis and provide feedback to management for proactive corrective action.

In-Year Management and Monthly/Quarterly Reports

The department has reported monthly and quarterly to National Treasury as required by the PFMA. The Audit Committee has reviewed the quarterly reports prepared and issued by the Accounting Officer of the Department during the year under review and is satisfied with the content and quality thereof. There has been a notable improvement to the quality of performance information reports and financial statements in the current year, mainly due to management's commitment to implementing improvements recommended in the past year.

Evaluation of Financial Statements

The Audit Committee has:

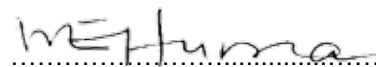
- reviewed and discussed the audited financial statements to be included in the annual report, with the AGSA, the Accounting Officer and Management
- reviewed the AGSA management report and management's response thereto;
- reviewed the department's compliance with legal regulatory provisions;
- reviewed the financial statements for any significant adjustments resulting from the audit, and

Auditor General's Report

The Audit Committee has met and discussed the audit outcomes with the Auditor-General South Africa to ensure that there are no unresolved findings. We have also reviewed the department's implementation plan for the audit issues raised in the AGSA management report and continuous oversight will be exercised to ensure that all matters are adequately addressed.

Conclusion

The Audit Committee concurs and accepts the conclusion of the Auditor General of South Africa on the annual financial statements and is of the opinion that the audited annual financial statements be accepted and read with the report of the Auditor General of South Africa.



Adv. W. E. Huma
Chairperson of the Audit Committee
National Department of Health

Date: 31 July 2015

PART D:

HUMAN RESOURCE MANAGEMENT



Legislation that governs Human Resources Management

POLICY	OBJECTIVE
Basic Conditions of Employment Act.	To give effect to the right to fair labour practices referred to in Section 23(1) of the Constitution by establishing and making provisions for the regulation of the Basic Conditions of Employment Act.
Constitution of the Republic of South Africa	Provides supreme law of the Republic, any law or conduct that is inconsistent with it is invalid.
Employee Relations Act 66 of 1995.	Advances economic development, social justice, labour peace and the democratisation of the workplace by fulfilling the primary objects of the Act.
Employment Equity Act 55 of 1998	Achieves equity in the workplace by promoting equal opportunity and fair treatment through the elimination of unfair discrimination and implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups, in order to ensure their equitable representation in all occupational categories and levels in the workplace
Human Resource Development Strategy for the public service Vision 2015	Addresses the major human resource capacity constraints currently hampering the effective and equitable delivery of public services
National Human Resource Development Strategy.	Maximises the potential of the people of SA, through the acquisition of knowledge and skills, to work productively and competitively in order to achieve a rising quality of life for all, and to establish an operational plan, together with the necessary institutional arrangements, to achieve this.
Occupational Health and Safety Act 85 of 1993	Provides for occupational health and safety standards that need to be adhered to by the Department and the monitoring and evaluation thereof.
Public Finance Management Act, 1 of 1999	Provides for the administration of State funds by functionaries, their responsibilities and incidental matters.
Public Service Act, 1994, as amended	To provide for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of members of the public service, and matters connected therewith.
Public Service Regulations, 2001 as amended	Provides a new framework for the management of the Public Service, including decentralised decision making and planning within the boundaries of national strategies, programmes and policies.
Skills Development Act 97 of 1998	Establishes a high-quality skills development system that is cost-effective and accountable, meets skills needs, and promotes employment generation and economic growth.
White Paper on Human Resource Management in the Public Service.	Ensures that human resource management in the Public Service becomes a model of excellence, in which the management of people is seen as everyone's responsibility and is conducted in a professional manner.
White Paper on Public Service Delivery – Batho Pele	Establishes a framework of values, norms and standards to improve public service delivery
White Paper on the Transformation of the Public Service	Provides a strategic framework for public service transformation to support the service delivery objectives of government.

4.1 Introduction

Human resources practices endeavour to provide leadership in the management and co-ordination of the implementation of human resources information systems, organisational development and change management programmes, as well as employee acquisition. These practices afford the Department an opportunity to 'take stock' of current human resources needs and assist in the determination of future human resource needs necessary to consistently achieve organisational objectives.

For the year under review, an in-depth analysis of the current workforce, the external and internal challenges or influences related thereto, and their impact on the future financial and human resources needs, as well as identification of actual activities, was undertaken. This evaluative process was carried out in order to ensure that the Department achieves its objectives.

4.1.2 Human Resources Services' Charter

The Human Resources Service Charter was developed and approved during this period. The charter outlines the service commitment that sets human resources performance targets and operating standards, and is intended to ensure that internal clients' expectations of service delivery are matched by achievable, measurable and value-adding performance standards.

4.1.3 Organisational Development

During this reporting period, the Department continued with the maintenance of the PERSAL Clean-up process. Coupled with the continued implementation of the Department of Public Service and Administration's (DPSA) Recruitment Strategy, the Department of Health has maintained a vacancy rate of 6.6%. This is below the DPSA's recommended target vacancy rate of 10% or below, for all departments.

4.1.4 Recruitment

The Department's Recruitment and Retention strategy was reviewed and approved during this period. This is aimed at attracting and retaining critical and scarce skills, as well as employees from designated groups. In addition, business processes on recruitment were developed to ensure that all recruitment processes are conducted within the required timeframes.

4.1.5 Performance Management

The Performance Management and Development System (PMDS) Unit continues to provide advisory and administration support in ensuring linkages between individual and organisational performance. Consequently, compliance with regard to the submission of performance agreements as well as the implementation of employee's work-plans has improved vastly.

4.1.6 Employee Wellness

The Department is committed to promoting quality of work-life, and ensures compliance with the Occupational Health and Safety Act (OHSA) and the creation of a conducive work environment for the Department's employees.

4.1.7 Labour Relations

Awareness campaigns on the NDoH Code of Conduct are run during orientation and induction of newly appointed employees, and Code of Conduct booklets are distributed to serving officials to improve their ethical conduct and professionalism.

4.1.8 HR Challenges

The Department is currently faced with workforce challenges relating to:

- Recruitment and retention of people with disabilities; and
- Impact Assessments of capacity building initiatives

The Department put strategies in place to ensure that these challenges were addressed in 2014/15, as part of the implementation of the HR Plan.

4.2 Human Resources Oversight Statistics

4.2.1 Personnel related expenditure

Table 4.2.1.1 Personnel expenditure by programme for the period 1 April 2014 to 31 March 2015

Programme	Total voted expenditure (R'000)	Compensation of employees expenditure (R'000)	Training expenditure (R'000)	Compensation of employees as % of total expenditure *1	Average compensation of employees cost per employee *2	Employment *3
Administration	386 475	167 469	1 030	43.3%	382 348	438
NHI, Health PLN & Sys Enable	316 667	85 263	1 853	26.9%	532 896	160
HIV & Aids, TB & Child Health	13 027 910	65 285	660	0.5%	526 490	124
Primary Health Care Services	102 355	57 087	1 240	55.8%	460 375	124
Hosp, Tertiary Ser & HR Dev	18 482 048	100 047	647	0.5%	354 777	282
Health Regul & Compliance MNG	839 198	132 990	235	15.8%	391 147	340
Z=Total as on Financial Systems (BAS)	33 154 655	608 140	5 666	1.8%	414 264	1468

* Includes Minister and Deputy Minister and are accounted for on level 16

*1 Compensation of employees expenditure divided by total voted expenditure multiplied by 100

*2 Compensation of employees expenditure divided by number of employees per programme

*3 Total number of permanent employees plus additional positions on the establishment.

Table 4.2.1.2 Personnel Costs by salary band for the Period 1 April 2014 to 31 March 2015

Salary bands	Compensation of employees cost (R'000)	% of total personnel cost for department *1	Average compensation cost per employee (R'000) *2	Number of employees *3
Unskilled and defined decision making (Levels 3-5)	10 354	1.7%	133	78
Semi-skilled and discretionary decision making (Levels 3-6)	81 831	13.5%	198	413
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	84 216	13.8%	302	279
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	312 236	51.3%	533	586
Senior Management (Levels 13-14)	102 279	16.8%	1 023	100
Top Management (Levels 15-16)	17 224	2.8%	1 435	12
TOTAL	608 140	100.0%	414	1468

* Includes Minister and Deputy Minister and are accounted for on level 16

*1 Compensation of employees divided by total Personnel cost for Department multiplied by 100

*2 Compensation of employees per salary band divided by number of employees per salary band (in hundreds)

*3 Total number of permanent employees plus additional positions on the establishment.

Table 4.2.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2014 to 31 March 2015

Programme	Salaries (R'000)	Salaries as % of Personnel Cost*1	Overtime (R'000)	Overtime as % of Personnel Cost*2	HOA (R'000)	HOA as % of Personnel Cost*3	Medical Subsidy (R'000)	Medical Subsidy as % of Personnel Cost*4	Total Personnel Cost per Programme (R'000)
Administration	152 983	91.4%	3 934	2.3%	4 544	2.7%	6 007	3.6%	167 469
NHI, Health PLN & Sys Enable	81 103	95.1%	57	0.1%	1 820	2.1%	2 283	2.5%	85 263
HIV & Aids, TB & Child Health	62 123	95.2%	0	0.0%	1 301	2.0%	1 860	2.8%	65 285
Primary Health Care Services	53 719	94.1%	613	1.1%	1 339	2.3%	1 414	2.5%	57 087
Hosp, Tertiary Ser & HR Dev	92 715	92.7%	1 095	1.1%	2 749	2.7%	3 488	3.5%	100 047
Health Regul & Compliance MNG	124 293	93.5%	827	0.6%	3 069	2.3%	4 801	3.6%	132 990
Total	566 937	93.2%	6 528	1.1%	14 822	2.4%	19 737	3.2%	608 140

*1 Salaries divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

*2 Overtime divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

*3 Home Owner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100

*4 Medical Subsidy divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

Table 4.2.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2014 to 31 March 2015

Salary bands	Salaries (R'000)	Salaries as % of personnel cost*1	Overtime (R'000)	Overtime as % of personnel cost*2	HOA (R'000)	HOA as % of personnel cost*3	Medical subsidy (R'000)	Medical subsidy as % of personnel cost*4
Unskilled and defined decision making (Levels 3-5)	9 803	94.7%	1	0.0%	735	7.1%	1 182	11.4%
Semi-skilled and discretionary decision making (Levels 3-6)	78 489	95.9%	2 716	3.3%	2 448	3.0%	3 268	4.0%
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	80 336	95.4%	2 111	2.5%	5 171	6.1%	7 518	8.9%
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	302 718	97.0%	1 700	0.5%	4 372	1.4%	6 425	2.1%
Senior Management (Levels 13-14)	78 441	76.7%		0.0%	1 667	1.6%	1 160	1.1%
Top Management (Levels 15-16)	17 151	99.6%		0.0%	429	2.5%	184	1.1%
TOTAL	566 937	93.2%	6 528	1.1%	14 822	2.4%	19 737	3.2%

*1 Salaries divided by total Compensation of employees expenditure in Table 4.2.1.1 multiplied by 100

*2 Overtime divided by total Compensation of employees expenditure in Table 4.2.1.1 multiplied by 100

*3 Home Owner's allowance divided by total Compensation of employees' expenditure in Table 4.2.1.1 multiplied by 100

*4 Home Owner's allowance divided by total Compensation of employees' expenditure in Table 4.2.1.1 multiplied by 100

4.3 Employment and Vacancies

Table 4.3.1 Employment and vacancies by programme as on 31 March 2015

Programme	Nr of Posts on Approved Establishment*3	Nr of filled posts	Vacancy rate *1	Nr of posts additional to the establishment *2
Administration	468	435	6.4%	3
NHI, Health PLN & Sys Enable	175	155	8.6%	5
HIV & Aids, TB & Child Health	133	123	6.8%	1
Primary Health Care Services	129	100	3.9%	24
Hosp, Tertiary Ser & HR Dev	302	281	6.6%	1
Health Regul & Compliance MNG	364	292	6.6%	48
TOTAL	1571	1386	6.6%	82

*1: Number of permanent posts minus number of filled posts divided by number of permanent posts multiplied by 100. Office note: Post listed includes only Voted Funds.

*2: Posts on contract utilizing voted funds.

*3: Posts on establishment

Table 4.3.2 Employment and vacancies by salary band as on 31 March 2015

Salary band	Nr of Posts on Approved Establishment	Nr of filled posts	Vacancy rate *1	Nr of posts additional to the establishment
Unskilled and defined decision making (Levels 3-5)	87	77	10.3%	1
Semi-skilled and discretionary decision making (Levels 3-6)	445	408	7.2%	5
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	293	247	4.4%	32
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	615	550	4.9%	36
Senior Management (Levels 13-14)	115	94	15.7%	6
Top Management (Levels 15-16)	16	10	6.3%	2
TOTAL	1571	1386	6.6%	82

*1: Number of permanent and additional posts minus number of filled posts divided by number of permanent posts multiplied by 100

Table 4.3.3 Employment and vacancies by critical occupations as on 31 March 2015

Critical occupations	Nr of permanent posts on the approved establishment*2	Nr of filled posts	Vacancy rate *1	Nr of posts additional to the establishment
Administrative related, Permanent	50	48	4.0%	0
Artisan project and related superintendents, Permanent	1	1	0.0%	0
Auxiliary and related workers, Permanent	14	11	21.4%	0
Biochemistry pharmacol. zoology & life scie. techni , Permanent	258	250	3.1%	0
Cleaners in offices workshops hospitals etc., Permanent	68	61	10.3%	0
Client inform clerks(recept inform clerks), Permanent	4	4	0.0%	0
Communication and information related, Permanent	16	15	6.3%	1
Computer programmers., Permanent	1	1	0.0%	0
Computer system designers and analysts., Permanent	0	0	0.0%	0
Custodian personnel, Permanent	0	0	0.0%	0
Dental practitioners, Permanent	0	0	0.0%	0
Dental Specialist	1	1	0.0%	0
Dental Therapy, Permanent	1	1	0.0%	0
Dieticians and nutritionists, Permanent	9	9	0.0%	0
Emergency Services Related, Permanent	2	2	0.0%	0
Engineering sciences related, Permanent	1	1	0.0%	0
Engineers and related professionals, Permanent	1	1	0.0%	0
Environmental health, Permanent	30	6	80.0%	24
Finance and economics related, Permanent	2	2	0.0%	0
Financial and related professionals, Permanent	43	39	9.3%	0
Financial clerks and credit controllers, Permanent	22	16	27.3%	0
General legal administration & rel. professionals, Permanent	2	2	0.0%	0
Head of department/chief executive officer, Permanent	1	1	0.0%	0
Health sciences related, Permanent	155	112	27.3%	33
Human resources & organisat developm & relate prof, Permanent	51	47	5.9%	1
Human resources related, Permanent	6	6	0.0%	0
Information technology related, Permanent	23	20	13.0%	0
Legal related, Permanent	4	4	0.0%	0
Librarians and related professionals, Permanent	3	3	0.0%	0
Library mail and related clerks, Permanent	30	29	3.3%	0
Light vehicle drivers, Permanent	5	5	0.0%	0
Logistical support personnel, Permanent	65	64	1.5%	0
Material-recording and transport clerks, Permanent	0	0	0.0%	0
Medical practitioners, Permanent	4	4	0.0%	0
Medical specialists, Permanent	1	1	0.0%	0
Medical technicians/technologists, Permanent	2	2	0.0%	0
Messengers porters and deliverers, Permanent	19	16	15.8%	1
Natural sciences related, Permanent	1	0	0.0%	1
Other administrat & related clerks and organisers, Permanent	213	194	8.9%	4
Other administrative policy and related officers, Permanent	118	106	10.2%	8
Other information technology personnel., Permanent	5	4	20.0%	1
Other occupations, Permanent	2	2	0.0%	0
Pharmacists, Permanent	15	14	6.7%	0
Professional nurse, Permanent	3	2	33.3%	1
Radiography, Permanent	2	2	0.0%	0
Secretaries & other keyboard operating clerks, Permanent	96	84	12.5%	0
Security officers, Permanent	92	90	2.2%	0
Senior managers, Permanent	123	97	14.6%	7
Social work and related professionals, Permanent	4	4	0.0%	0
Staff nurses and pupil nurses, Permanent	1	1	0.0%	0
Statisticians and related professionals, Permanent	1	1	0.0%	0
TOTAL	1571	1386	6.6%	82

*1: Number of funded posts minus number of filled posts divided by number of funded posts multiplied by 100.

*2: Office Note: Posts listed includes only voted funds

4.4 Filling of SMS posts

Table 4.4.1 SMS post information as on 31 March 2015

SMS level	Nr of funded SMS posts	Nr of SMS posts filled	% of SMS posts filled*1	Nr of SMS posts vacant	% of SMS posts vacant*2
Director-General / Head of Department	1	1	100.0%	0	0.0%
Salary Level 16, but not HOD *2	3	3	100.0%	0	0.0%
Salary Level 15	12	11	91.7%	1	8.3%
Salary Level 14	32	28	87.5%	4	12.5%
Salary Level 13	85	71	83.5%	14	16.5%
Total	133	114	85.7%	19	14.3%

*1 Total number of SMS posts filled per level divided by Total number of funded SMS posts per level multiplied by 100

*2 Total number of SMS posts vacant per level divided by Total number of funded SMS posts per level multiplied by 100

Table 4.4.2 SMS post information as on 30 September 2014

SMS level	Nr of funded SMS posts	Nr of SMS posts filled	% of SMS posts filled*1	Nr of SMS posts vacant	% of SMS posts vacant*2
Director-General / Head of Department	1	1	100.0%	0	0.0%
Salary Level 16, but not HOD	3	3	100.0%	0	0.0%
Salary Level 15	12	10	83.3%	2	16.7%
Salary Level 14	32	28	87.5%	4	12.5%
Salary Level 13	85	69	81.2%	16	18.8%
Total	133	111	83.5%	22	16.5%

*1 Total number of SMS posts filled per level divided by Total number of funded SMS posts per level multiplied by 100

*2 Total number of SMS posts vacant per level divided by Total number of funded SMS posts per level multiplied by 100

Table 4.4.3 Advertising and filling of SMS posts for the period 1 April 2014 to 31 March 2015

SMS Level	Nr of vacancies advertised in 6 months of becoming vacant	Nr of vacancies per level filled in 6 months after becoming vacant	Nr of vacancies per level filled within 12 months after becoming vacant
Director – General/Head of Department	0	0	0
Salary Level 16 but not HOD	0	0	0
Salary Level 15	0	0	0
Salary Level 14	0	0	0
Salary Level 13	9	4	1
Total	9	4	1

4.5 Job Evaluation

Table 4.5.1 Job Evaluation by Salary band for the period 1 April 2014 to 31 March 2015

Salary band	Nr of posts on approved establishment	Nr of posts evaluated	% of posts evaluated per salary band *1	Posts upgraded		Posts downgraded	
				Nr	% of posts evaluated *2	Nr	% of posts evaluated*3
Unskilled and defined decision making (Levels 3-5)	87	0	0.0%	0	0.0%	0	0.0%
Semi-skilled and discretionary decision making (Levels 3-6)	445	1	0.2%	0	0.0%	0	0.0%
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	293	4	1.4%	0	0.0%	0	0.0%
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs) *4	615	0	0.0%	0	0.0%	0	0.0%
Senior Management Service Band A (13)	83	6	7.2%	0	0.0%	0	0.0%
Senior Management Service Band B (14)	32	3	9.4%	0	0.0%	0	0.0%
Senior Management Service Band C (15)	12	0	0.0%	0	0.0%	0	0.0%
Senior Management Service Band D (16)	4	0	0.0%	0	0.0%	0	0.0%
TOTAL	1571	14	0.9%	0	0.0%	0	0.0%

*1: Number of posts Evaluated divided by Total Number of Post multiplied by 100

*2 Number of posts Upgraded divided by Total Number of Post multiplied by 100

*3 Number of posts Downgraded divided by Total Number of Post multiplied by 100

*4 Within the Professional category, 32 OSD appointments were made

Table 4.5.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2014 to 31 March 2015

Gender	African	Asian	Coloured	White	Total
Female	1	0	0	0	1
Male	2	0	1	0	3
Total	3	0	1	0	4
Employees with a Disability	0	0	0	0	0

Table 4.5.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2014 and 31 March 2015

Total number of employees whose salaries exceeded the level determined by job evaluation	1
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Table 4.5.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2014 to 31 March 2015

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	1	0	0	1
Total	0	1	0	0	1
Employees with a disability	0	0	0	0	0

4.6 Employment changes

Table 4.6.1 Annual turnover rates by salary band for the period 1 April 2014 to 31 March 2015

Salary Band	Nr of employees at beginning of period 1 April 2014	Appointments & transfers into the department *1	Terminations and transfers out of the department *2	Turnover Rate *3
Unskilled and defined decision making (Levels 3-5)	86	7	7	7.5%
Semi-skilled and discretionary decision making (Levels 3-6)	273	14	28	9.8%
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	554	67	39	6.3%
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	457	26	23	4.8%
Senior Management (Levels 13-14)	97	15	14	12.5%
Top Management (Levels 15-16)	15	4	3	15.8%
TOTAL	1482	133	114	7.1%

*1 Appointments include transfers into the Dept.

*2 Terminations include transfers out of the Dept.

*3 Terminations divided by (employment at beginning of period plus Appointments) multiplied by 10

Table 4.6.2 Annual turnover rates by critical occupation for the period 1 April 2014 to 31 March 2015

Critical Occupations	Nr of employees at beginning of period 1 April 2014	Appointments & transfers into the department *1	Terminations and transfers out of the department *2	Turnover Rate *3
Administrative related	138	5	8	5.6%
Ambulance and related workers	0	0	0	0.0%
Artisan project and related superintendents	1	0	0	0.0%
Auxiliary and related workers	19	0	0	0.0%
Biochemistry pharmacol. zoology & life scie.techni	192	5	7	3.6%
Cashiers Tellers	0	0	0	0.0%
Chemists	0	0	0	0.0%
Cleaners in offices workshops hospitals etc.	52	5	7	12.3%
Client inform clerks(switchb recept inform clerks)	4	0	0	0.0%
Communication and information related	12	2	1	7.1%
Computer programmers.	4	0	0	0.0%
Computer system designers and analysts.	4	0	0	0.0%
Custodian personnel	0	0	0	0.0%
Dental practitioners	1	0	0	0.0%
Dieticians and nutritionists	9	0	0	0.0%
Electrical and Electronics Engineering Technicians	11	0	0	0.0%
Emergency Services Related, Permanent	1	0	0	0.0%
Engineering sciences related	0	0	0	0.0%

Critical Occupations	Nr of employees at beginning of period 1 April 2014	Appointments & transfers into the department *1	Terminations and transfers out of the department *2	Turnover Rate *3
Engineers and related professionals	1	1	0	0.0%
Environmental health	4	25	1	3.4%
Finance and economics related	9	1	2	20.0%
Financial and related professionals	18	3	1	4.8%
Financial clerks and credit controllers	21	2	6	26.1%
Food services aids and waiters	10	0	1	10.0%
General legal administration & rel. professionals	1	0	1	100.0%
Head of department/chief executive officer	1	0	1	100.0%
Health sciences related	65	11	3	3.9%
Human resources & organisat developm & relate prof	45	1	2	4.4%
Human resources clerks	0	0	0	0.0%
Human resources related	13	1	0	0.0%
Information technology related	18	0	2	11.1%
Language practitioners interpreters & other commun	0	1	0	0.0%
Legal related	0	1	0	0.0%
Librarians and related professionals	1	0	0	0.0%
Library mail and related clerks	26	0	4	15.4%
Light vehicle drivers	3	0	0	0.0%
Logistical support personnel	65	9	2	2.7%
Material-recording and transport clerks	9	2	4	36.4%
Medical practitioners	1	0	0	0.0%
Medical research and related professionals	10	1	3	27.3%
Medical specialists	6	0	2	33.3%
Medical technicians/technologists	2	0	0	0.0%
Messengers porters and deliverers	20	3	3	13.0%
Natural sciences related	50	0	0	0.0%
Other administrat & related clerks and organisers	206	19	17	7.6%
Other administrative policy and related officers	74	0	7	9.5%
Other information technology personnel.	25	0	1	4.0%
Other occupations	22	1	1	4.3%
Pharmacists	14	4	2	14.3%
Pharmacologists pathologists & related professiona	0	0	0	0.0%
Physicists	10	0	0	0.0%
Professional nurse	3	1	0	0.0%
Radiography	2	0	0	0.0%
Secretaries & other keyboard operating clerks	87	7	7	8.1%
Security guards	0	0	1	0.0%
Security officers	81	6	5	5.7%
Senior managers	104	16	11	9.2%
Social Work and related professionals	4	0	0	0.0%
Staff nurses and pupil nurses	1	0	0	0.0%
Statisticians and related professionals	2	0	0	0.0%
TOTAL	1482	133	114	7.1%

*1: Appointments include transfers into the Dept

*2 Terminations include transfers out of the Dept

*3Terminations divided by (employment at beginning of period plus Appointments) multiplied by 100

Table 4.6.3 Reasons why staff left the department for the period 1 April 2014 to 31 March 2015

Termination Type	Number of employees terminated	Percentage of Total Terminations *1
Death,	5	4.4%
Resignation,	24	21.1%
Expiry of contract,	24	21.1%
Dismissal - operation changes	0	0.0%
Dismissal - misconduct	2	1.8%
Dismissal - inefficiency	0	0.0%
Discharged due to ill health	2	1.8%
Retirement,	22	19.3%
Transferred Out of the Dept	34	29.8%
Other,	1	0.9%
TOTAL	114	100.0%
Total number of employees who left as a % of total employment *2	7.7%	

*1 Number of employees terminated divide by Total Termination multiplied by 100

*2: Number of employees terminated divided by Total Employment as at start of period of 1 April 2014 multiplied by 100

Table 4.6.4 Promotions by critical occupation for the period 1 April 2014 to 31 March 2015

Occupation	Employees 1 April 2014	Promotions to another salary level	Salary Level promotions as a % of employment *1	Progressions to another notch within salary level	Notch progressions a % of employment *2
Administrative related	138	29	21.0%	138	100.0%
Ambulance and related workers	0	0	0.0%	0	0.0%
Artisan project and related superintendents	1	0	0.0%	1	100.0%
Auxiliary and related workers	19	0	0.0%	9	47.4%
Biochemistry pharmacol. Zoology & life scie. techni	192	0	0.0%	104	54.2%
Chemists	0	0	0.0%	0	0.0%
Cleaners in offices workshops hospitals etc.	52	0	0.0%	52	100.0%
Client inform clerks(switchb recept inform clerks)	4	0	0.0%	4	100.0%
Communication and information related	12	6	50.0%	11	91.7%
Computer programmers	4	0	0.0%	4	100.0%
Computer system designers and analysts	4	3	75.0%	0	0.0%
Custodian personnel	0	0	0.0%	0	0.0%
Dental practitioners	1	0	0.0%	1	100.0%
Dieticians and nutritionists	9	0	0.0%	3	33.3%
Diplomats	1	0	0.0%	0	0.0%
Engineering sciences related	11	0	0.0%	3	27.3%
Engineers and related professionals	1	0	0.0%	0	0.0%
Environmental health	4	0	0.0%	2	50.0%
Finance and economics related	9	6	66.7%	9	100.0%
Financial and related professionals	18	6	33.3%	18	100.0%
Financial clerks and credit controllers	21	0	0.0%	21	100.0%
Food services aids and waiters	10	0	0.0%	10	100.0%
General legal administration & rel. professionals	1	0	0.0%	1	100.0%
Head of department/chief executive officer	1	0	0.0%	0	0.0%
Health sciences related	65	9	13.8%	61	93.9%
Human resources & organisat developm & relate prof	45	7	15.6%	45	100.0%
Human resources clerks	0	0	0.0%	0	0.0%
Human resources related	13	11	84.6%	13	100.0%
Information technology related	18	4	22.2%	18	100.0%
Language practitioners interpreters & other communicators	0	0	0.0%	0	0.0%
Legal related	0	0	0.0%	0	0.0%
Librarians and related professionals	1	0	0.0%	0	0.0%
Library mail and related clerks	26	0	0.0%	25	96.2%
Light vehicle drivers	3	0	0.0%	2	66.7%
Logistical support personnel	65	3	4.6%	45	69.2%
Material-recording and transport clerks	9	1	11.1%	9	100.0%
Medical practitioners	1	0	0.0%	1	100.0%
Medical research and related professionals	10	1	10.0%	10	100.0%
Medical specialists	6	0	0.0%	3	50.0%
Medical technicians/technologists	2	0	0.0%	2	100.0%
Messengers porters and deliverers	20	0	0.0%	16	80.0%
Natural sciences related	50	0	0.0%	18	36.0%
Other administrat & related clerks and organisers	190	1	0.5%	186	97.9%
Other administrative policy and related officers	74	5	6.8%	68	91.9%
Other information technology personnel.	25	0	0.0%	19	76.0%
Other occupations	22	0	0.0%	22	100.0%
Pharmacists	14	5	35.7%	14	100.0%
Pharmacologists pathologists & related professiona	16	0	0.0%	16	100.0%

Occupation	Employees 1 April 2014	Promotions to another salary level	Salary Level promotions as a % of employment *1	Progressions to another notch within salary level	Notch progressions a % of employment *2
Physicists	10	0	0.0%	0	0.0%
Professional nurse	3	1	33.3%	2	66.7%
Radiography	2	0	0.0%	2	100.0%
Secretaries & other keyboard operating clerks	87	6	6.9%	71	81.6%
Security guards	2	0	0.0%	2	100.0%
Security officers	79	2	2.5%	55	69.6%
Senior managers	104	0	0.0%	69	66.3%
Social Work and related professionals	4	0	0.0%	4	100.0%
Staff nurses and pupil nurses	1	0	0.0%	1	100.0%
Statisticians and related professionals	2	0	0.0%	0	0.0%
TOTAL	1482	106	7.2%	1190	80.3%

*1 Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100

*2: Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100

Table 4.6.5 Promotions by salary band for the period 1 April 2014 to 31 March 2015

Salary Band	Employees 1 April 2014	Promotions to another salary level	Salary Level promotions as a % of employment *1	Progressions to another notch within salary level	Notch progressions a % of employment *2
Unskilled and defined decision making (Levels 3-5)	86	1	1.2%	72	83.7%
Semi-skilled and discretionary decision making (Levels 3-6)	273	4	1.5%	76	27.8%
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	554	17	3.1%	531	95.8%
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	457	84	18.4%	442	96.7%
Senior Management (Levels 13-14)	97	0	0.0%	67	69.1%
Top Management (Levels 15-16)	15	0	0.0%	2	13.3%
TOTAL	1482	106	7.2%	1190	80.3%

*1 Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100 by 100

*2: Progressions to another Notch within Salary Level divided by employment at the beginning of the period multiplied by 100

4.7 Employment Equity

Table 4.7.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2015

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	32	3	5	13	24	2	5	5	89
Professionals	96	4	3	19	146	7	7	20	302
Technicians and associate professionals	182	7	2	9	244	8	8	35	495
Clerks	110	4	1	6	207	17	4	58	407
Service and sales workers	59	0	0	0	29	0	1	0	89
Skilled agriculture and fishery worker	0	0	0	0	0	0	0	0	0
Craft and related trades workers	1	0	0	0	0	0	0	0	1
Plant and machine operators and assemblers,	0	0	0	1	1	0	0	0	2
Elementary occupations	31	1	0	0	46	5	0	0	83
TOTAL	511	19	11	48	697	39	25	118	1468
Employees with disabilities	3	0	0	2	2	0	0	3	10

Table 4.7.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2015

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 15-16)	2	1	2	1	4	1	1	0	12
Senior Management (Levels 13-14)	39	2	3	13	30	2	4	7	100
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	192	9	5	26	285	13	16	40	586
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	95	2	0	3	139	3	0	37	279
Semi-skilled and discretionary decision making,	155	4	1	5	192	18	4	34	413
Unskilled and defined decision making (Levels 3-5)	28	1	0	0	47	2	0	0	78
TOTAL	511	19	11	48	697	39	25	118	1468

Table 4.7.3 Recruitment for the period 1 April 2014 to 31 March 2015

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 15-16)	2	1	1	0	0	0	0	0	4
Senior Management (Levels 13-14)	6	0	1	2	6	0	0	0	15
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	12	0	0	1	14	0	2	1	30
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	14	0	0	0	28	0	0	0	42
Semi-skilled and discretionary decision making,	18	0	0	0	16	0	0	1	35
Unskilled and defined decision making (Levels 3-5)	2	0	0	0	5	0	0	0	7
TOTAL	54	1	2	3	69	0	2	2	133
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.4 Promotions for the period 1 April 2014 to 31 March 2015

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 15-16)	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13-14)	0	0	0	0	0	0	0	0	0
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	37	1	0	3	32	1	4	6	84
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	5	0	0	0	12	0	0	0	17
Semi-skilled and discretionary decision making (Levels 3-6)	2	0	0	0	2	0	0	0	4
Unskilled and defined decision making (Levels 3-5)	1	0	0	0	0	0	0	0	1
TOTAL	45	1	0	3	46	1	4	6	106
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.5 Terminations for the period 1 April 2014 to 31 March 2015

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 15-16)	0	1	0	0	1	0	0	1	3
Senior Management (Levels 13-14)	4	1	0	1	6	0	0	2	14
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	10	0	2	2	7	0	0	2	23
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	14	2	0	0	18	1	1	3	39
Semi-skilled and discretionary decision making (Levels 3-6)	15	0	0	0	12	0	0	0	27
Unskilled and defined decision making (Levels 3-5)	4	0	0	0	4	0	0	0	8
TOTAL	47	4	2	3	48	1	1	8	114
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.6 Disciplinary action for the period 1 April 2014 to 31 March 2015

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Suspension	1	0	0	0	2	0	0	0	3

4.8 Signing of Performance Agreements by SMS Members**Table 4.8.1 Signing of Performance Agreements by SMS members as on 31 May 2015**

SMS Level	Total Nr of Funded SMS Posts	Total Nr of SMS Members	Total Nr of Signed Performance Agreements Per Level	Signed Performance Agreements as % of Total Nr of SMS Members Per Level *1
Director-General / Head of Department	1	1	1	100.0%
Salary Level 16, but not HOD *2	3	1	1	100.0%
Salary Level 15	12	10	10	100.0%
Salary Level 14	32	25	23	92.0%
Salary Level 13	85	66	66	100.0%
Total	133	103	101	98.1% (*3)

*1: Total Number of signed Performance Agreements per level divided by Total Number of SMS Members per level multiplied by 100

*2 Total number of SMS members on Salary level 16 but not HoD excludes Deputy Minister and Minister as this are Political office Bearers

*3 Total number of SMS members signed exclude SMS who were within their 3 months grace period at the time of filing with DPSA (31 October 2014)

Table 4.8.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2015

Reasons
Two (2) members who did not sign PAs are Health Attachés based in foreign missions.

Table 4.8.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2015

Reasons
The Department has sent non-compliance letters to members informing them about the consequences of forfeiting performance incentives due to non-compliance.

4.9 Performance Rewards**Table 4.9.1 Performance Rewards by race, gender and disability for the period 1 April 2014 to 31 March 2015**

Race and Gender	Beneficiary Profile			Cost	
	Nr of Beneficiaries	Total Employment	% of Total Employment *1	Cost (R)	Average Cost per Beneficiary (R) *2
African, Female	234	697	33.6%	2 898 325	12 384
African, Male	178	511	34.8%	2 368 894	13 308
Asian, Female	8	25	32.0%	192 605	24 076
Asian, Male	3	11	27.3%	42 587	14 196
Coloured, Female	14	39	35.9%	185 459	13 247
Coloured, Male	5	19	26.3%	103 003	20 601
Total Blacks, Female	256	761	33.6%	3 055 499	49 707
Total Blacks, Male	186	541	34.4%	2 514 484	48 105
White, Female	51	118	43.2%	764 829	14 997
White, Male	11	48	22.9%	240 352	21 850
Employees with a disability	4	10	40.0%	30 073	7 518
TOTAL	504	1468	34.3%	6 796 054	134 659

*1: Number of beneficiaries divided by Total Employment multiplied by 100

*2: Cost divided by Number of beneficiaries

Table 4.9.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2014 to 31 March 2015

Salary Band	Beneficiary Profile			Cost	
	Nr of Beneficiaries	Total Employment	% of Total Employment *1	Cost (R)	Average Cost per Beneficiary (R) *2
Unskilled and defined decision making,	28	78	35.9%	116 121	4 147
Semi-skilled and discretionary decision making,	159	413	38.5%	994 834	6 257
Skilled technical and academically qualified workers, junior management, supervisors, foreman	110	280	39.3%	1 062 570	9 660
Professionally qualified and experienced specialists and mid-management,	198	585	33.8%	3 794 538	19 164
TOTAL	495	1356	36.5%	5 968 063	12 057

*1: Number of beneficiaries divided by Total Employment multiplied by 100

*2: Cost divided by Number of beneficiaries

Table 4.9.3 Performance Rewards by critical occupation for the period 1 April 2014 to 31 March 2015

Critical occupation	Beneficiary profile			Cost	
	Nr of beneficiaries	Total employment	% of total employment *1	Cost	Average cost per beneficiary *2
Administrative related, Permanent	28	48	58.3%	831 465	29 695
Artisan project and related superintendents	1	1	100.0%	8 076	8 076
Auxiliary and related workers	2	11	18.2%	9 903	4 952
Biochemistry pharmacol. zoology & life scie.techni	67	250	26.8%	1 148 420	17 141
Cleaners in offices workshops hospitals etc.	31	61	50.8%	180 141	5 811
Client inform clerks(switchb receipt inform clerks)	3	4	75.0%	19 098	6 366
Communication and information related	8	16	50.0%	123 615	15 452
Computer programmers.	0	1	0.0%	0	0
Computer system designers and analysts.	0	0	0.0%	0	0
Custodian personnel	0	0	0.0%	0	0
Dental practitioners	0	0	0.0%	0	0
Dental Specialist	0	1	0.0%	0	0
Dental Therapy, Permanent	0	1	0.0%	0	0
Dieticians and nutritionists	6	9	66.7%	110 823	18 470
Emergency Services Related, Permanent	1	2	50.0%	11 577	11 577
Engineering sciences related	0	1	0.0%	0	0
Engineers and related professionals	0	1	0.0%	0	0
Environmental health	4	30	13.3%	98 389	24 597
Finance and economics related	1	2	50.0%	11 866	11 866
Financial and related professionals	17	39	43.6%	402 406	23 671
Financial clerks and credit controllers	2	16	12.5%	11 550	5 775
Food services aids and waiters	0	0	0.0%	0	0
General legal administration & rel. professionals	0	2	0.0%	0	0
Head of department/chief executive officer	1	1	100.0%	78 844	78 844
Health sciences related	51	144	35.4%	864 667	16 954
Human resources & organisat developm & relate prof	19	48	39.6%	226 907	11 942
Human resources clerks	0	0	0.0%	0	0
Human resources related	4	6	66.7%	144 533	36 133
Information technology related	7	20	35.0%	83 961	11 994
Language practitioners interpreters & other commun	0	0	0.0%	0	0
Legal related	0	4	0.0%	0	0
Librarians and related professionals	1	3	33.3%	8 745	8 745
Library mail and related clerks	12	29	41.4%	82 457	6 871
Light vehicle drivers	1	5	20.0%	10 532	10 532
Logistical support personnel	16	64	25.0%	179 981	11 249
Material-recording and transport clerks	0	0	0.0%	0	0
Medical practitioners	0	4	0.0%	0	0
Medical research and related professionals	0	0	0.0%	0	0
Medical specialists	1	1	100.0%	37 336	37 336

Critical occupation	Beneficiary profile			Cost	
	Nr of beneficiaries	Total employment	% of total employment *1	Cost	Average cost per beneficiary *2
Medical technicians/technologists	1	2	50.0%	11 253	11 253
Messengers porters and deliverers	13	17	76.5%	43 328	3 333
Natural sciences related	0	1	0.0%	0	0
Other administrat & related clerks and organisers	105	199	52.8%	794 442	7 566
Other administrative policy and related officers	40	114	35.1%	419 234	10 481
Other information technology personnel.	0	5	0.0%	0	0
Other occupations	0	2	0.0%	0	0
Pharmacists	2	14	14.3%	33 009	16 505
Pharmacologists pathologists & related professiona	0	0	0.0%	0	0
Physicists	0	0	0.0%	0	0
Professional nurse	0	3	0.0%	0	0
Radiography	0	2	0.0%	0	0
Rank: Unknown	0	0	0.0%	0	0
Secretaries & other keyboard operating clerks	37	84	44.0%	293 082	7 921
Security guards	0	0	0.0%	0	0
Security officers	11	90	12.2%	54 992	4 999
Senior managers	9	104	8.7%	415 488	46 165
Social sciences related	0	0	0.0%	0	0
Social work and related professionals	1	4	25.0%	37 049	37 049
Staff nurses and pupil nurses	1	1	100.0%	8 834	8 834
Statisticians and related professionals	0	1	0.0%	0	0
TOTAL	504	1468	34.3%	6 796 000	13 484

*1: Number of beneficiaries divided by Total Employment multiplied by 100

*2: Total cost divided by number of beneficiaries

Table 4.9.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2014 to 31 March 2015

Salary Band	Beneficiary Profile			Cost		Personnel Expenditure R'000	Total Cost as a % of the total expenditure*3
	Nr of Beneficiaries	Total Employment	% of Total Employment *1	Cost (R)	Average Cost per Beneficiary (R) *2		
Band A (13)	4	71	5.6%	161 507	40 377	451 177	0.0%
Band B (14)	4	28	14.3%	197 135	49 284	466 467	0.0%
Band C (15)	1	11	9.1%	56 845	56 845	324 558	0.0%
Band D (16)	1	4	25.0%	78 843	78 843	265 416	0.0%
TOTAL	10	114	8.8%	494 330	49 433	1 507 619	0.0%

*1: Number of beneficiaries divided by Total Employment multiplied by 100

*2: Cost divided by Number of beneficiaries

*3: Cost divided by Personnel Cost SMS multiplied by 100

4.10 Foreign Workers

Table 4.10.1 Foreign workers by salary band for the period 1 April 2014 to 31 March 2015

Salary Band	01 April 2014				Change	
	Employment at Beginning Period	% of Total*1	Employment at end of period	% of Total *2	Change in employment	% of Total*3
Highly skilled supervision (Levels 9-12)	5	83.3%	5	35.7%	0	0.0%
Contract (Levels 13-16)	1	16.7%	9	64.3%	-8	100.0%
TOTAL	6	100.0%	14	100.0%	-8	100.0%

*1: Employment at beginning period within the salary band divided Total Employment at beginning of period multiplied by 100

*2: Employment at end of period within the salary band divided by Total Employment at end of period multiplied by 100

*3: Change in employment within the salary band divided by Total Change in Employment multiplied by 100

Table 4.10.2 Foreign workers by salary band for the period 1 April 2014 to 31 March 2015

Salary Band	01 April 2014		31 March 2015		Change	
	Number	% of Total*1	Number	% of Total	Number	% Change*
Professionals and managers	1	16.7%	9	64.3%	-8	100.0%
Technicians and associated professionals	5	83.3%	5	35.7%	0	0.0%
TOTAL	6	100.0%	14	100.0%	-8	100.0%

*1: Employment at beginning period within the salary band divided Total Employment at beginning of period multiplied by 100

*2: Employment at end of period within the salary band divided by Total Employment at end of period multiplied by 100

*3: Change in employment within the salary band divided by Total Change in Employment multiplied by 100

4.11. Leave Utilisation

Table 4.11.1 Sick leave for the period 1 January 2014 to 31 December 2014

Salary Band	Total Days	% of Days with Medical Certification *1	Nr of Employees using Sick Leave	% of Total Employees using Sick Leave *2	Average Days per Employee *3	Estimated Cost	Total number of days with medical certification
Unskilled and defined decision making (Levels 3-5)	690	98.7%	65	4.2%	11	R 321 619	681
Semi-skilled and discretionary decision making (Levels 3-6)	1652	96.0%	226	14.6%	7	R 1 047 533	1 586
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	5689	96.3%	783	50.7%	7	R 5 828 357	5 477
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	2703	95.4%	392	25.4%	7	R 5 619 789	2 580
Senior Management (Levels 13-14)	398	91.0%	72	4.7%	6	R 1 345 284	362
Top Management (Levels 15-16)	21	85.7%	5	0.3%	4	R 98 462	18
TOTAL	11 153	96.0%	1 543	100.0%	42	R14 261 044	10 704

*1: Total number of days with medical certificate within the salary band divided by total days multiplied by 100

*2: Number of employees using sick leave within the salary band divided by total number of employees using sick leave multiplied by 100 (includes 440 employees appointed using donor funds)

*3: Total Days divided by Number of employees using sick leave

NB. This table excludes Policy, Procedure, Incapacity Leave and Ill-health Retirement (PPILIR) applications that are still to be considered by the Health Risk Manager

Table 4.11.2 Disability leave (temporary and permanent) for the period 1 January 2014 to 31 December 2014

Salary Band	Total Days	% of Days with Medical Certification *1	Nr of Employees using Sick Leave	% of Total Employees using Sick Leave *2	Average Days per Employee *3	Estimated Cost	Total Nr of days with medical certification
Unskilled and defined decision making,	183	0.0%	8	12.9%	23	91 352	183
Semi-skilled and discretionary decision making,	227	100.0%	12	19.4%	19	182 548	227
Skilled technical and academically qualified workers, junior management, supervisors, foreman	410	100.0%	23	37.1%	18	471 824	410
Professionally qualified and experienced specialists and mid-management,	224	100.0%	16	25.8%	14	516 759	224
Senior Management	10	100.0%	3	4.8%	3	33 361	10
Top Management,	0	0.0%	0	0.0%	0	0	0
TOTAL	1 054	100.0%	62	100.0%	17	1 295 844	1 054

*1: Total number of days with medical certificate within the salary band divided by Total days multiplied by 100

*2: Number of employees using disability within the salary band divided by Total number of employees using Disability leave multiplied by 100

*3: Total Days divided by Number of employees using Disability leave

Table 4.11.3 Annual Leave for the period 1 January 2014 to 31 December 2014

Salary band	Total days taken	Average days per employee *1	Nr of Employees who took leave*2
Unskilled and defined decision making (Levels 3-5)	1 476	20	73
Semi-skilled and discretionary decision making (Levels 3-6)	9 490	22	439
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	15 614	20	794
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	11 613	23	507
Senior Management (Levels 13-14)	2 463	23	108
Top Management (Levels 15-16)	249	18	14
TOTAL	40 905	21	1 935

*1: Total Days Taken divided by Number of employees who took leave

*2 Total included 440 donor funded employees

Table 4.11.4 Capped leave for the period 1 January 2014 to 31 December 2014

Salary band	Total days of capped leave taken	Nr of Employees who took Capped leave	Average Nr of days taken per employee *1	Average capped leave per employee as at 31/12/2014 *2	Total Nr of capped leave available at 31/12/2014	Nr of employees entitled to capped leave as at 31/12/2014
Unskilled and defined decision making (Levels 3-5)	0	0	0	0	0	45
Semi-skilled and discretionary decision making (Levels 3-6)	0	0	0	9	3034.08	52
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	41	3	14	5	4748.51	161
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	3	1	3	11	5253.03	160
Senior Management (Levels 13-14)	0	0	0	21	2199.68	44
Top Management (Levels 15-16)	0	0	0	10	182.98	5
TOTAL	44	4	11	8	15418.28	467

*1: Total days of capped leave taken within the salary band divided by number of employees who took capped leave

*2: Total number of capped leave available at 31 December 2014 divided by the number of Employees as at 31 December 2014

Table 4.11.5 Leave payouts for the period 1 April 2014 to 31 March 2015

Reason	Total Amount (R'000)	Nr of Employees	Average Payment per Employee (R'000) *1
Leave payout for 2014/2015 due to non-utilisation of leave for the previous cycle	210	3	70
Capped leave payouts on termination of service for 2014/2015	3948	27	146
Current leave payout on termination of service for 2014/2015	596	114	5
TOTAL	4754	144	33

*1: Total amount divided by number of employees

4.12 HIV/AIDS & Health Promotion Programmes**Table 4.12.1 Steps taken to reduce the risk of occupational exposure**

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
None	

Table 4.12.2 Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information)

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	X		Adv MT Ngake; Chief Negotiator is the chairperson of the integrated employee health and wellness committee
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and well being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	X		There is a dedicated unit for Workplace Support with three (3) officials who are responsible to promote health and wellbeing of employees. The budget allocated is R1.4m.
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/ services of the programme.	X		The EAP core service is to identify troubled employees, offer counseling, do referrals and follow-up and look at prevention programmes that will enhance productivity. Health and wellness workshops, seminars and awareness campaigns in line with health calendar.
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	X		The Health and Wellness Unit is reconstituting the committee to be inclusive of all the pillars of the strategic framework.
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/ practices so reviewed.	X		Yes. All departmental policies/ workplace guidelines are developed to ensure that no discrimination exists against employees on the basis of HIV/Aids status, for example Recruitment and Leave policy.
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X		Employee policy on HIV&AIDS and STI and TB in the workplace has been reviewed and is waiting for management approval. Employees and prospective employees have the right to confidentiality with regard to their HIV/Aids status, if an employee informs an employer of their HIV/Aids status. The Unit works closely with Employment Equity, HIV Care and Support Unit and Employment Relations in stigma mitigation and prevention of cases of discrimination. Breaching of confidentiality and acts of discrimination constitutes misconduct.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	X		On consultation with the Employee Assistance Programme Officer and the Departmental nurse, employees are counseled and encouraged to subject themselves to voluntary testing. Every year the department organises testing facilities for diseases of lifestyle. Where employees are encouraged to test for diseases such diabetes, hypertension , HIV etc.
8. Has the department developed measures/ indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.		X	Condom distribution and promotion of use of condoms. Male and female condoms are available. More condoms are being distributed as the uptake has increased. Health screening uptake has increased by 10% yearly. The number of employees who attends workshops, awareness campaigns and seminars on health and wellness issues has increased by 5% from last year.

4.13 Labour Relations

Table 4.13.1 Collective agreements for the period 1 April 2014 to 31 March 2015

Subject matter	Date
Resolution 1 of 2014 Agreement on the Recognition of Improved Qualifications	20 April 2014
Resolution 2 of 2014 Agreement on the transfer of Port Health Services from Provincial Health Departments to National department of Health	26 September 2014
Resolution 3 of 2014 Agreement on the increase of levies: Public Health and Social Development Sectoral Bargaining Council	31 October 2014

Table 4.13.2 Misconduct and disciplinary hearings finalised for the period 1 April 2014 to 31 March 2015

Outcomes of disciplinary hearings	Nr	% of Total	Total
Correctional counselling	0	0	0
Verbal Warning	0	0	0
Written Warning	0	0	0
Final Written Warning	0	0	0
Suspend without pay	0	0	0
Fine	0	0	0
Demotion	0	0	0
Dismissal	0	0	0
Not guilty	0	0	0
Case withdrawn	0	0	0
Total	0	0.0%	0

Table 4.13.3: Types of misconduct addressed at disciplinary hearings for the period 1 April 2014 to 31 March 2015

Type of misconduct	Nr	% of Total	Total
Dishonesty	1	33.3%	1
Assault	2	66.7%	2
Total	3	100.0%	3

Table 4.13.4 Grievances lodged for the period 1 April 2014 to 31 March 2015

Number of grievances addressed	Nr	% of Total	Total
Number of grievances resolved	9	47.4%	9
Number of grievances not resolved	10	52.6%	10
Total number of grievance lodged	19	100.0%	19

Table 4.13.5 Disputes logged with Councils for the period 1 April 2014 to 31 March 2015

Number of disputes addressed	Nr	% of total
Number of disputes upheld	0	0.0%
Number of disputes dismissed	1	100.0%
Total number of disputes lodged	1	100.0%

Table 4.13.6 Strike actions for the period 1 April 2014 to 31 March 2015

Strike actions	
Total number of person working days lost	None
Total cost(R'000) of working days lost	
Amount (R'000) recovered as a result of no work no pay	

Table 4.13.7 Precautionary suspensions for the period 1 April 2014 to 31 March 2015

Precautionary suspensions	
Precautionary suspensions	3
Number of people whose suspension exceeded 30 day	3
Average number of days suspended	308
Cost (R'000) of suspensions	970

4.14 Skills development

Table 4.14.1 Training needs identified for the period 1 April 2014 to 31 March 2015

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	35	0	23	4	27
	Male	42	0	24	4	28
Professionals	Female	190	0	412	20	432
	Male	134	0	266	9	275
Technicians and associate professionals	Female	264	0	229	14	243
	Male	185	0	153	17	170
Clerks	Female	300	0	590	25	615
	Male	148	0	277	5	282
Service and sales workers	Female	29	0	78	1	79
	Male	62	0	169	4	173
Skilled agriculture and fishery workers	Female	54	0	0	0	0
	Male	36	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	1	0	3	0	3
Plant and machine operators and assemblers	Female	1	0	0	0	0
	Male	1	0	0	0	0
Elementary occupations(Labourers and Related Workers)	Female	0	0	108	0	108
	Male	0	0	44	0	44
Gender sub totals	Female	873	0	1440	64	1504
	Male	609	0	936	39	975
Total		1482	0	2376	103	2479

Table 4.14.2 Training provided for the period 1 April 2014 to 31 March 2015

Occupational Categories	Gender	Nr of Employees as at 1 April 2014	Internship	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	35	0	11	4	15
	Male	42	0	11	4	15
Professionals	Female	190	0	110	20	130
	Male	134	0	89	9	98
Technicians and associate professionals	Female	264	0	176	14	190
	Male	185	0	94	17	111
Clerks	Female	300	0	197	25	222
	Male	148	0	81	5	86
Service and sales workers	Female	29	0	17	1	18
	Male	62	0	22	4	26
Skilled agriculture and fishery workers	Female	54	0	0	0	0
	Male	36	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	1	0	1	0	1
Plant and machine operators and assemblers	Female	1	0	0	0	0
	Male	1	0	0	0	0
Elementary occupations(Labourers and Related Workers)	Female	0	0	35	0	35
	Male	0	0	14	0	14
Gender sub totals	Female	873	0	546	64	610
	Male	609	0	312	39	351
Total		1482	0	858	103	961

4.15 Injury on duty**Table 4.15.1 Injury on duty for the period 1 April 2014 to 31 March 2015**

Nature of injury on duty	Number	% of total
Required basic medical attention only	6	100.0%
Temporary Total Disablement	0	0.0%
Permanent Disablement	0	0.0%
Fatal	0	0.0%
Total	6	100.0%

4.16 Utilisation of Consultants**Table 4.16.1 Report on consultant appointments using appropriated funds for the period 1 April 2014 to 31 March 2015**

Project Title	Total Nr of consultants that worked on the project	Duration: Work days	Contract value in Rand
Development of diagnosis related grouper (DRG) for central hospitals in South Africa	13	12 months	R16,337,958.00

Total number of projects	Total individual consultants	Total duration: Work days	Total contract value in Rand
1	13	12 months	R16,337,958.00

Table 4.16.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2014 to 31 March 2015

Project title	% of ownership by HDI groups	% of management by HDI groups	Nr of Consultants from HDI groups that work on the project
Development of diagnosis related grouper (DRG) for central hospitals in South Africa	Level 2	Level 2	8

Table 4.16.3 Report on consultant appointments using Donor funds for the period 1 April 2014 to 31 March 2015

Project title	Total Nr of consultants that worked on project	Duration: work days	Donor and contract value in Rand
Appointment of a bidder to render external audit services for NDoH (Global Fund Unit) and Global Fund Sub-recipients for three financial years.	3	36 Months	R2,952,652.00

Total number of projects	Total individual consultants	Total duration: Work days	Total contract value in Rand
1	5	36 months	R2,952,652.00

Table 4.16.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2014 to 31 March 2015

Project title	% of ownership by HDI groups	% management by HDI groups	Nr of Consultants from HDI groups that work on the project
Appointment of a bidder to render external audit services for NDoH (Global Fund Unit) and Global Fund Sub-recipients for three financial years.	Level 2	Level 2	5

4.17 Severance Packages

Table 4.17.1 Granting of employee initiated severance packages for the period 1 April 2014 to 31 March 2015

Category	Nr. of applications received	Nr. of applications referred to the MPSA	Nr. of applications supported by MPSA	Nr. of packages approved by department
Unskilled and defined decision making (Levels 3-5)	0	0	0	0
Semi-skilled and discretionary decision making (Levels 3-6)	0	0	0	0
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	0	0	0	0
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	0	0	0	0
Senior Management (Levels 13-14)	0	0	0	0
Top Management (Levels 15-16)	0	0	0	0
Total	0	0	0	0

PART E:

FINANCIAL INFORMATION



Report of the Auditor-General to Parliament on Vote No. 16: National Department of Health

REPORT ON THE FINANCIAL STATEMENTS

Introduction

1. I have audited the financial statements of the National Department of Health set out on pages 98 to 207, which comprise the appropriation statement, the statement of financial position as at 31 March 2015, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes, comprising a summary of significant accounting policies and other explanatory information.

Accounting officer's responsibility for the financial statements

2. The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with the Modified Cash Standards prescribed by National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA), Division of Revenue Act of South Africa, 2014 (Act No. 10 of 2014) (DoRA), and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor-general's responsibility

3. My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with International Standards on Auditing. Those standards require that I comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.
4. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

6. In my opinion, the financial statements present fairly, in all material respects, the financial position of the National Department of Health as at 31 March 2015 and its financial performance and cash flows for the year then ended, in accordance with the Modified Cash Standards prescribed by the National Treasury and the requirements of PFMA and DoRA.

Emphasis of matter

7. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Material under spending of conditional grants

8. As disclosed in the appropriation statement, the department materially under-spent on the Health Infrastructure Grant (Indirect) to the amount of R312 517 000. The department also under-spent the National Health Insurance Grant (Indirect) by an amount of R305 783 000 which contributed to the underspending of R337 460 000 on programme 2 for Health Planning and System Enablement, also disclosed in the appropriation statement.

Additional matter

9. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

10. The supplementary information set out on pages 208 to 225 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and accordingly, I do not express an opinion thereon.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

11. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report, non-compliance with legislation and internal control. The objective of my tests was to identify reportable findings as described under each subheading but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

Predetermined objectives

12. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2015:
 - Programme 3 : HIV/AIDS, TB and Maternal and Child Health on pages 36 to 42
 - Programme 5: Hospital Tertiary Health Services and Human Resource Development on pages 49 to 51
13. I evaluated the reported performance information against the overall criteria of usefulness and reliability.
14. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with the National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programmes. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's *Framework for Managing Programme Performance Information* (FMPPI).
15. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
16. The material findings in respect of the selected programmes are as follows:

Programme 3 – HIV/AIDS, TB and Maternal and Child Health

Usefulness of reported performance information

17. I did not report any material findings on the usefulness of the reported performance information for this programme.

Reliability of reported performance information

18. The FMPPi requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure valid, accurate and complete reporting of actual achievements against planned objectives, indicators and targets. Although the department had approved policies and procedures to support the reporting of information, these policies and procedures are in the process of being implemented at facilities that fall under the control of the provincial departments of health. The department consolidated the results of performance reported at the provincial departments for 17 of 22 indicators selected for testing. As a result of the control processes not being fully implemented at provincial facilities, the manual registers supporting the totals recorded in the information systems of the department did not agree to the amounts reported in the annual performance report for 6 (27%) of 22 indicators selected for the programme.

19. I was unable to obtain sufficient information and explanations I considered necessary to satisfy myself as to the reliability of the reported performance information for 17 (77%) of the total of 22 indicators selected for testing. All of these indicators relate to information reported through the provincial departments. This is because the provincial departments could not provide sufficient appropriate audit evidence in support of the reported performance information. The auditee's records did not permit the application of alternative audit procedures.

Programme 5 – Hospital Tertiary Health Services and Human Resource Development

Usefulness and reliability of reported performance information

20. I did not identify any material findings on the usefulness and reliability of the reported performance information.

Additional matters

21. I draw attention to the following matters:

Achievement of planned targets

22. Refer to the annual performance report on pages 36 to 42 and 49 to 51 for information on the achievement of the planned targets for the year. This information should be considered in the context of the material findings on the reliability of the reported performance information for the selected programmes reported in paragraphs 17 to 20 of this report.

Adjustment of material misstatements

23. I identified material misstatements in the annual performance report submitted for auditing on the reported performance information of Programme 3 – HIV/AIDS, Tuberculosis, Maternal and Child Health and Programme 5 – Hospital, Tertiary Health Services and Human Resource Development. As management subsequently corrected only some of the misstatements, I raised material findings on the reliability of the reported performance information for programme 3.

Compliance with legislation

24. I performed procedures to obtain evidence that the department had complied with applicable legislation regarding financial matters, financial management and other related matters. My findings on material non-compliance with specific matters in key legislation, as set out in the general notice issued in terms of the PAA, are as follows:

Performance management

25. The department is in the process of implementing policies and procedures relating to performance management. Due to internal controls not being fully implemented at provincial departments of health, the department did not have and maintain an effective and efficient system of internal control regarding performance management, which described and represented how the department's processes of performance monitoring, measurement, review and reporting were conducted, organised and managed, as required by section 38(1) (a) (i) of the PFMA.

Internal control

26. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with legislation. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on non-compliance with legislation included in this report.

Leadership

27. The accounting officer has developed and approved policies and procedures for the reporting of performance information where information is derived from provincial departments of health. The provincial departments are in the process of implementing these policies and procedures.

Other reports

Performance audits

28. A performance audit on the management of pharmaceuticals was conducted at the national and provincial departments. For the national department, the focus was on their oversight function and the administration of pharmaceuticals and related contracts. The outcomes of this performance audit will be included in a transversal report.

Investigations

29. The Select Committee on Social Services requested the department to commission an investigation into grant spending at the North West and the Northern Cape Departments of Health. The investigation was still in progress at the date of this report.

Auditor-General

Pretoria
31 July 2015



Vote 16
Appropriation Statement for the year ended 31 March 2015

Appropriation per programme										
Economic classification Programme	2014/15					2013/14				
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditures % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000	
1. Administration	399 721	-	(1 990)	397 731	386 476	11 255	97,2%	393 062	352 916	
2. National Health Insurance, Health Planning and Systems Enablement	628 156	-	25 974	654 127	316 667	337 460	48,4%	493 913	198 261	
3. HIV and AIDS, Tuberculosis, Maternal and Child Health	13 049 923	-	(3 264)	13 046 659	13 027 910	18 749	99,9%	11 040 345	10 962 701	
4. Primary Health Care Services	111 345	-	(4 190)	107 155	102 355	4 800	95,5%	102 989	89 888	
5. Hospitals, Tertiary Health Services and Human Resource Development	18 810 607	-	(1 754)	18 808 853	18 482 048	326 805	98,3%	17 731 182	17 486 225	
6. Health Regulation and Compliance Management	900 818	-	(14 773)	886 045	839 199	46 846	94,7%	766 690	735 106	
TOTAL	33 900 570	-	-	33 900 570	33 154 655	745 915	97,8%	30 528 181	29 825 097	

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Vote 16
Appropriation Statement for the year ended 31 March 2015

	2014/15		2013/14	
	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
TOTAL (brought forward)	33 900 570	33 154 655	30 528 181	29 825 097
Reconciliation with Statement of Financial Performance				
Add:				
Departmental receipts	66 140		71 606	
NRF Receipts	-		-	
Aid assistance	1 170 219		881 517	
Actual amounts per statement of financial performance (total revenue)	35 136 929		31 481 304	
Add:				
Aid assistance		937 619		635 717
Actual amounts per statement of financial performance (total expenditure)		34 092 274		30 460 814

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

		Appropriation per economic classification									
		2014/15					2013/14				
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure		
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	
Current payments	2 213 299	114	(85 977)	2 127 436	1 662 362	465 074	78,1%	1 591 295	1 188 687		
Compensation of employees	604 633	-	3 932	608 565	608 140	425	99,9%	556 900	555 318		
Salaries and wages	537 771	(1 464)	3 582	539 889	535 299	4 590	99,1%	497 357	488 441		
Social contributions	66 862	1 464	350	68 676	72 841	(4 165)	106,1%	59 543	66 877		
Goods and services	1 608 666	114	(89 909)	1 518 871	1 054 222	464 649	69,4%	1 034 395	633 369		
Administrative fees	1 284	(298)	(13)	973	740	233	76,1%	672	311		
Advertising	15 785	(1 245)	(4 042)	10 498	10 497	1	100,0%	13 383	12 088		
Minor assets	36 855	(6 902)	(1 507)	28 446	8 242	20 204	29,0%	11 504	2 692		
Audit costs: External	24 848	3 321	(50)	28 119	27 921	198	99,3%	28 236	30 561		
Bursaries: Employees	1 500	(428)	-	1 072	1 076	(4)	100,4%	1 373	1 115		
Catering: Departmental activities	5 224	(397)	(330)	4 497	3 228	1 269	71,8%	4 791	2 854		
Communication	18 306	(4 741)	992	14 557	15 951	(1 394)	109,6%	14 404	12 789		
Computer services	20 405	(4 914)	1 164	16 655	13 852	2 803	83,2%	15 648	6 579		
Consultants: Business and advisory services	310 652	(161 352)	(58 378)	90 922	60 507	30 415	66,5%	246 097	156 651		
Infrastructure and planning services	13 000	500	-	13 500	4 286	9 214	31,7%	-	-		
Laboratory services	-	-	-	-	-	-	-	80	-		
Legal services	5 571	767	(300)	6 038	6 197	(159)	102,6%	4 826	4 085		
Contractors	231 875	158 264	(787)	389 352	95 290	294 062	24,5%	163 813	16 853		
Agency and support / outsourced services	156 507	(3 129)	(760)	152 618	92 364	60 254	60,5%	8 243	3 673		
Entertainment	344	18	(20)	342	18	324	5,3%	525	55		
Fleet services (including government motor transport)	25 558	6 163	(2 013)	29 708	28 510	1 198	96,0%	18 154	18 535		
Inventory: Clothing material and accessories	5 989	440	(3 224)	3 205	2 709	496	84,5%	303	39		
Inventory: Food and food supplies	290	29	(6)	313	96	217	30,7%	614	83		
Inventory: Fuel, oil and gas	1 914	(472)	-	1 442	1 076	366	74,6%	1 855	1 172		
Inventory: Materials and supplies	866	392	(325)	933	334	599	35,8%	901	200		
Inventory: Medical supplies	155 153	57 377	(250)	212 280	209 556	2 724	98,7%	118 648	70 519		
Inventory: Medicine	141 519	35 643	-	177 162	177 192	(30)	100,0%	594	474		
Inventory: Other supplies	11 410	410	-	11 820	10 332	1 488	87,4%	10 362	7 874		
Consumable supplies	2 439	(285)	(42)	2 112	1 688	424	79,9%	2 229	650		

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Appropriation per economic classification										
	2014/15					2013/14				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Consumable: Stationery, printing and office supplies	37 338	(6 065)	(3 388)	27 885	18 402	9 483	66,0%	33 757	22 376	
Operating leases	89 455	10 036	(2 905)	96 586	93 584	3 002	96,9%	91 010	87 108	
Property payments	21 935	2 137	(680)	23 392	22 599	793	96,6%	18 667	13 204	
Travel and subsistence	146 108	(36 049)	(5 799)	104 260	86 224	18 036	82,7%	110 677	87 913	
Training and development	4 852	644	(30)	5 466	4 789	677	87,6%	6 044	3 489	
Operating payments	113 811	(50 243)	(6 183)	57 385	50 267	7 118	87,6%	93 058	58 957	
Venues and facilities	7 563	703	(1 133)	7 133	6 605	528	92,6%	13 639	10 470	
Rental and hiring	310	(210)	100	200	90	110	45,0%	288	-	
Transfers and subsidies	31 198 309	-	70 258	31 268 567	31 263 725	4 842	100,0%	28 465 818	28 461 386	
Provinces and municipalities	30 373 326	-	6 956	30 380 282	30 380 282	-	100,0%	27 686 378	27 686 378	
Provinces	30 373 326	-	6 956	30 380 282	30 380 282	-	100,0%	27 686 378	27 686 378	
Provincial agencies and funds	30 373 326	-	6 956	30 380 282	30 380 282	-	100,0%	27 686 378	27 686 378	
Departmental agencies and accounts (non business entities)	612 912	-	8 800	621 712	621 681	31	100,0%	559 860	559 843	
Departmental agencies and accounts	612 912	-	8 800	621 712	621 681	31	100,0%	559 860	559 843	
Higher education institutions	3 000	-	40 200	43 200	40 200	3 000	93,1%	7 000	4 000	
Foreign governments and international organisations	2 658	-	-	2 658	2 622	36	98,6%	-	-	
Non-profit institutions	206 413	-	10 734	217 147	215 383	1 764	99,2%	211 058	209 654	
Households	-	-	3 568	3 568	3 557	11	99,7%	1 522	1 511	
Social benefits	-	-	3 568	3 568	3 557	11	99,7%	1 453	1 442	
Other transfer to households	-	-	-	-	-	-	-	69	69	
Payments for capital assets	488 962	(114)	14 779	503 627	227 635	275 992	45,2%	471 068	173 313	
Buildings and other fixed structures	378 403	-	1 876	380 279	168 865	211 414	44,4%	409 177	113 726	
Buildings	378 403	-	1 876	380 279	168 865	211 414	44,4%	409 177	113 726	
Machinery and equipment	100 789	(374)	8 889	109 304	58 518	50 786	53,5%	61 631	59 587	
Other machinery and equipment	100 789	(374)	8 889	109 304	58 518	50 786	53,5%	61 631	59 587	
Software and other intangible assets	9 770	260	4 014	14 044	252	13 792	1,8%	260	-	
Payments for financial assets	-	-	940	940	933	7	99,3%	-	1 711	
Total	33 900 570	-	-	33 900 570	33 154 655	745 915	97,8%	30 528 181	29 825 097	

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Programme 1: Administration

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Ministry	31 046	(1 900)	(63)	29 083	28 851	232	99,2%	31 657	27 595
2. Management	26 458	(1 410)	(3 530)	21 518	20 885	633	97,1%	25 539	19 453
3. Corporate Services	184 647	(4 590)	2 414	182 471	178 331	4 140	97,7%	182 449	157 816
4. Office Accommodation	105 825	4 700	-	110 525	110 449	76	99,9%	97 514	93 531
5. Financial Management	51 745	3 200	(811)	54 134	47 960	6 174	88,6%	55 903	54 521
Total for sub programmes	399 721	-	(1 990)	397 731	386 476	11 255	97,2%	393 062	352 916
Economic classification									
Current payments	392 314	114	(2 962)	389 466	381 821	7 645	98,0%	381 531	346 129
Compensation of employees	161 600	-	5 900	167 500	167 468	32	100,0%	154 507	154 402
Salaries and wages	142 319	84	5 550	147 953	147 554	399	99,7%	135 109	135 935
Social contributions	19 281	(84)	350	19 547	19 914	(367)	101,9%	19 398	18 467
Goods and services	230 714	114	(8 862)	221 966	214 353	7 613	96,6%	227 024	191 727
Administrative fees	210	274	(13)	471	505	(34)	107,2%	266	162
Advertising	3 227	531	(265)	3 493	5 367	(1 874)	153,7%	3 398	2 674
Minor assets	4 670	(2 361)	(335)	1 974	675	1 299	34,2%	3 696	814
Audit costs: External	24 048	3 921	(50)	27 919	27 921	(2)	100,0%	27 835	30 560
Bursaries: Employees	1 500	(428)	-	1 072	1 076	(4)	100,4%	1 223	1 115
Catering: Departmental activities	1 645	(411)	(214)	1 020	616	404	60,4%	1 722	1 154
Communication (G&S)	10 231	(1 941)	(770)	7 520	8 895	(1 375)	118,3%	9 234	8 385
Computer services	5 686	1 503	2 773	9 962	8 835	1 127	88,7%	9 287	3 672
Consultants: Business and advisory services	4 308	(60)	(1 820)	2 428	2 180	248	89,8%	5 025	3 630
Infrastructure and planning services	-	500	-	500	-	500	-	-	-
Legal services	4 500	200	(200)	4 500	5 029	(529)	111,8%	3 830	3 690
Contractors	12 589	(8 364)	(410)	3 815	2 352	1 463	61,7%	6 871	4 821
Agency and support / outsourced services	685	(29)	(130)	526	668	(142)	127,0%	539	500
Entertainment	47	(2)	(20)	25	8	17	32,0%	211	13
Fleet services (including government motor transport)	7 004	130	(927)	6 207	4 991	1 216	80,4%	5 031	3 747
Inventory: Clothing material and accessories	130	250	-	380	4	376	1,1%	127	2

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Programme 1: Administration

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Food and food supplies	91	43	-	134	38	96	28,4%	128	24
Inventory: Fuel, oil and gas	240	(95)	-	145	4	141	2,8%	227	126
Inventory: Materials and supplies	8	86	(70)	24	154	(130)	641,7%	77	7
Inventory: Medical supplies	3	-	-	3	-	3	-	25	2
Inventory: Medicine	-	-	-	-	-	-	-	-	2
Consumable supplies	465	169	(30)	604	528	76	87,4%	451	225
Consumable: Stationery, printing and office supplies	11 898	(1 263)	(950)	9 685	9 084	601	93,8%	10 449	7 878
Operating leases	82 601	8 882	(343)	91 140	90 241	899	99,0%	84 022	84 038
Property payments	21 605	1 887	(680)	22 812	22 311	501	97,8%	16 764	11 374
Travel and subsistence	22 062	(2 630)	(1 255)	18 177	15 664	2 513	86,2%	22 970	16 097
Training and development	4 047	719	-	4 766	4 591	175	96,3%	5 154	3 472
Operating payments	6 639	(1 727)	(3 143)	1 769	1 427	342	80,7%	7 344	3 147
Venues and facilities	575	330	(10)	895	1 189	(294)	132,8%	1 110	396
Rental and hiring	-	-	-	-	-	-	-	8	-
Transfers and subsidies	1 397	-	787	2 184	2 150	34	98,4%	2 131	2 111
Departmental agencies and accounts	1 397	-	-	1 397	1 366	31	97,8%	1 326	1 309
Departmental agencies (non business entities)	1 397	-	-	1 397	1 366	31	97,8%	1 326	1 309
Households	-	-	787	787	784	3	99,6%	805	802
Social benefits	-	-	787	787	784	3	99,6%	805	802
Payments for capital assets	6 010	(114)	-	5 896	2 322	3 574	39,4%	9 400	4 168
Machinery and equipment	6 010	(114)	-	5 896	2 322	3 574	39,4%	9 400	4 168
Other machinery and equipment	6 010	(114)	-	5 896	2 322	3 574	39,4%	9 400	4 168
Payments for financial assets	-	-	185	185	183	2	98,9%	-	508
Total	399 721	-	(1 990)	397 731	386 476	11 255	97,2%	393 062	352 916

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	30 679	(1 900)	(266)	28 513	28 413	100	99,6%	30 460	26 665
Compensation of employees	15 992	-	(200)	15 792	15 785	7	100,0%	15 884	15 861
Salaries and wages	14 660	-	(200)	14 460	14 298	162	98,9%	14 666	14 596
Social contributions	1 332	-	-	1 332	1 487	(155)	111,6%	1 218	1 265
Goods and services	14 687	(1 900)	(66)	12 721	12 628	93	99,3%	14 576	10 804
Administrative fees	-	-	-	-	18	(18)	-	-	-
Advertising	-	-	-	-	47	(47)	-	-	-
Minor Assets	430	(180)	-	250	16	234	6,4%	300	108
Catering: Departmental activities	380	(290)	-	90	42	48	46,7%	320	248
Communication (G&S)	1 030	(50)	-	980	1 015	(35)	103,6%	1 030	893
Computer services	15	2	-	17	1	16	5,9%	25	8
Consultants: Business and advisory services	60	-	(50)	10	8	2	80,0%	-	50
Contractors	100	(20)	-	80	16	64	20,0%	135	54
Agency and support / outsourced services	300	(205)	-	95	24	71	25,3%	250	233
Entertainment	20	(2)	-	18	-	18	-	115	4
Fleet services (including government motor transport)	1 950	20	-	1 970	2 107	(137)	107,0%	1 084	1 685
Inventory: Clothing material and accessories	50	(50)	-	-	-	-	-	1	-
Inventory: Food and food supplies	4	42	-	46	9	37	19,6%	8	2
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	5	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	15	1
Inventory: Medical supplies	-	-	-	-	-	-	-	2	-
Inventory: Medicine	-	-	-	-	-	-	-	-	2
Consumable supplies	50	45	-	95	17	78	17,9%	109	12
Consumable: Stationery, printing and office supplies	970	48	-	1 018	902	116	88,6%	692	614
Operating leases	230	-	-	230	95	135	41,3%	590	191
Property payments	-	-	-	-	-	-	-	20	-
Travel and subsistence	8 778	(1 280)	(16)	7 482	7 906	(424)	105,7%	9 318	6 561
Training and Development	-	-	-	-	-	-	-	20	-

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Economic classification	2014/15					2013/14			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Operating payments	70	20	-	90	165	(75)	183,3%	267	55
Venues and facilities	250	-	-	250	239	11	95,6%	270	83
Transfers and subsidies	-	-	187	187	187	-	100,0%	-	-
Households	-	-	187	187	187	-	100,0%	-	-
Social benefits	-	-	187	187	187	-	100,0%	-	-
Payments for capital assets	367	-	-	367	236	131	64,3%	1 197	925
Machinery and equipment	367	-	-	367	236	131	64,3%	1 197	925
Other machinery and equipment	367	-	-	367	236	131	64,3%	1 197	925
Payments for financial assets	-	-	16	16	15	1	93,8%	-	5
Total	31 046	(1 900)	(63)	29 083	28 851	232	99,2%	31 657	27 595

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15					2013/14			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	25 730	(1 296)	(3 584)	20 850	20 634	216	99,0%	24 816	19 027
Compensation of employees	16 601	-	(1 170)	15 431	15 427	4	100,0%	14 597	14 577
Salaries and wages	14 935	60	(1 170)	13 825	13 980	(155)	101,1%	13 082	13 067
Social contributions	1 666	(60)	-	1 606	1 447	159	90,1%	1 515	1 510
Goods and services	9 129	(1 296)	(2 414)	5 419	5 207	212	96,1%	10 219	4 450
Administrative fees	-	-	-	-	-	-	-	52	2
Advertising	300	120	(2)	418	403	15	96,4%	340	119
Minor Assets	625	(475)	(20)	130	52	78	40,0%	492	17
Bursaries	-	-	-	-	-	-	-	10	-
Catering: Departmental activities	190	(36)	(82)	72	54	18	75,0%	241	111
Communication (G&S)	615	(130)	(20)	465	417	48	89,7%	590	470
Consultants: Business and advisory services	-	-	-	-	-	-	-	3	-
Contractors	-	30	-	30	22	8	73,3%	31	11
Entertainment	17	-	(20)	(3)	-	(3)	-	27	1
Fleet services (including government motor transport)	505	(123)	(20)	362	295	67	81,5%	379	255
Inventory: Food and food supplies	27	5	-	32	10	22	31,3%	45	9
Inventory: Fuel, oil and gas	55	(55)	-	-	-	-	-	1	1
Inventory: Materials and supplies	-	-	-	-	72	(72)	-	-	-
Consumable supplies	20	10	-	30	-	30	-	85	7

Vote 16
Appropriation Statement for the year ended 31 March 2015

1.2 Management

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Consumable: Stationery, printing and office supplies	469	(80)	(100)	289	296	(7)	102,4%	513	111
Operating leases	270	(100)	-	170	158	12	92,9%	365	168
Property payments	-	-	-	-	9	(9)	-	-	-
Travel and subsistence	3 721	(422)	(130)	3 169	3 281	(112)	103,5%	4 630	3 105
Training and Development	-	-	-	-	-	-	-	20	-
Operating payments	2 215	(40)	(2 020)	155	29	126	18,7%	2 135	6
Venues and facilities	100	-	-	100	109	(9)	109,0%	260	57
Transfers and subsidies	-	-	40	40	40	-	100,0%	95	95
Households	-	-	40	40	40	-	100,0%	95	95
Social benefits	-	-	40	40	40	-	100,0%	95	95
Payments for capital assets	728	(114)	-	614	198	416	32,2%	628	325
Machinery and equipment	728	(114)	-	614	198	416	32,2%	628	325
Other machinery and equipment	728	(114)	-	614	198	416	32,2%	628	325
Payments for financial assets	-	-	14	14	13	1	92,9%	-	6
Total	26 458	(1 410)	(3 530)	21 518	20 885	633	97,1%	25 539	19 453

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	180 261	(4 590)	1 841	177 512	174 634	2 878	98,4%	173 955	153 147
Compensation of employees	112 138	-	6 870	119 008	119 005	3	100,0%	107 009	106 959
Salaries and wages	97 600	(4)	6 520	104 116	104 034	82	99,9%	93 205	93 201
Social contributions	14 538	4	350	14 892	14 971	(79)	100,5%	13 804	13 758
Goods and services	68 123	(4 590)	(5 029)	58 504	55 629	2 875	95,1%	66 946	46 188
Administrative fees	50	274	(13)	311	335	(24)	107,7%	54	17
Advertising	2 790	348	(233)	2 905	4 828	(1 923)	166,2%	2 768	2 210
Minor Assets	3 030	(1 561)	(295)	1 174	507	667	43,2%	1 950	474
Bursaries : Employees	1 500	(428)	-	1 072	1 076	(4)	100,4%	1 213	1 115
Catering: Departmental activities	980	(86)	(132)	762	500	262	65,6%	1 081	759
Communication (G&S)	8 431	(1 760)	(750)	5 921	7 319	(1 398)	123,6%	7 454	6 914
Computer services	4 998	1 524	2 826	9 348	8 810	538	94,2%	8 612	3 040
Consultants: Business and advisory services	2 398	440	(770)	2 068	2 172	(104)	105,0%	3 022	1 809
Legal services	4 500	200	(200)	4 500	4 534	(34)	100,8%	3 830	3 690
Contractors	5 464	(2 202)	(410)	2 852	1 380	1 472	48,4%	5 316	3 380
Agency and support / outsourced services	385	176	(130)	431	644	(213)	149,4%	289	267
Entertainment	10	-	-	10	8	2	80,0%	59	8
Fleet services (including government motor transport)	3 694	313	(887)	3 120	2 372	748	76,0%	2 754	1 357
Inventory: Clothing material and accessories	80	300	-	380	4	376	1,1%	126	2
Inventory: Food and food supplies	47	(2)	-	45	15	30	33,3%	52	9
Inventory: Fuel, oil and gas	185	(40)	-	145	3	142	2,1%	221	125
Inventory: Materials and supplies	8	85	(70)	23	81	(58)	352,2%	61	6
Inventory: Medical supplies	3	-	-	3	-	3	-	23	2
Consumable supplies	380	104	(30)	454	504	(50)	111,0%	164	193
Consumable: Stationery, printing and office supplies	9 862	(1 084)	(810)	7 968	7 637	331	95,8%	8 845	6 966
Operating leases	1 926	(8)	(313)	1 605	938	667	58,4%	2 197	1 224
Property payments	2 805	-	(680)	2 125	1 772	353	83,4%	1 330	1 593
Travel and subsistence	6 304	(575)	(1 019)	4 710	3 615	1 095	76,8%	5 630	4 588
Training and Development	3 804	719	-	4 523	4 591	(68)	101,5%	4 914	3 358

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1.3 Corporate Services									
Operating payments	4 264	(1 657)	(1 103)	1 504	1 233	271	82,0%	4 705	3 061
Venues and facilities	225	330	(10)	545	751	(206)	137,8%	268	21
Rental hiring	-	-	-	-	-	-	-	8	0
Transfers and subsidies	1 397	-	418	1 815	1 783	32	98,2%	2 012	1 992
Departmental agencies and accounts	1 397	-	-	1 397	1 366	31	97,8%	1 326	1 309
Departmental agencies (non-business entities)	1 397	-	-	1 397	1 366	31	97,8%	1 326	1 309
Households	-	-	418	418	417	1	99,8%	686	683
Social benefits	-	-	418	418	417	1	99,8%	686	683
Payments for capital assets	2 989	-	-	2 989	1 759	1 230	58,8%	6 482	2 187
Machinery and equipment	2 989	-	-	2 989	1 759	1 230	58,8%	6 482	2 187
Other machinery and equipment	2 989	-	-	2 989	1 759	1 230	58,8%	6 482	2 187
Payments for financial assets	-	-	155	155	155	-	100,0%	-	490
Total	184 647	(4 590)	2 414	182 471	178 331	4 140	97,7%	182 449	157 816
1.4 Office Accommodation									
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	105 825	4 700	-	110 525	110 449	76	99,9%	97 514	93 531
Goods and services	105 825	4 700	-	110 525	110 449	76	99,9%	97 514	93 531
Contractors	7 025	(6 177)	-	848	932	(84)	109,9%	1 380	1 374
Operating leases	80 000	8 990	-	88 990	88 987	3	100,0%	80 720	82 376
Property payments	18 800	1 887	-	20 687	20 530	157	99,2%	15 414	9 781
Total	105 825	4 700	-	110 525	110 449	76	99,9%	97 514	93 531

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

1.5 Financial Management

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	49 819	3 200	(953)	52 066	47 691	4 375	91,6%	54 786	53 759
Compensation of employees	16 869	-	400	17 269	17 251	18	99,9%	17 017	17 005
Salaries and wages	15 124	28	400	15 552	15 242	310	98,0%	14 156	15 071
Social contributions	1 745	(28)	-	1 717	2 009	(292)	117,0%	2 861	1 934
Goods and services	32 950	3 200	(1 353)	34 797	30 440	4 357	87,5%	37 769	36 754
Administrative fees	160	-	-	160	152	8	95,0%	160	143
Advertising	137	63	(30)	170	89	81	52,4%	290	345
Minor Assets	585	(145)	(20)	420	100	320	23,8%	954	215
Audit costs: External	24 048	3 921	(50)	27 919	27 921	(2)	100,0%	27 835	30 560
Catering: Departmental activities	95	1	-	96	20	76	20,8%	80	36
Communication (G&S)	155	(1)	-	154	144	10	93,5%	160	108
Computer services	673	(23)	(53)	597	24	573	4,0%	650	624
Consultants: Business and advisory services	1 850	(500)	(1 000)	350	-	350	-	2 000	1 771
Infrastructure and planning services	-	500	-	500	-	500	-	-	-
Legal services	-	-	-	-	495	(495)	-	-	-
Contractors	-	5	-	5	2	3	40,0%	9	2
Entertainment	-	-	-	-	-	-	-	10	-
Fleet services (including government motor transport)	855	(80)	(20)	755	217	538	28,7%	814	450
Inventory: Food and food supplies	13	(2)	-	11	4	7	36,4%	23	4

Vote 16
Appropriation Statement for the year ended 31 March 2015

1.5 Financial Management

	2014/15					2013/14			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Inventory: Materials and supplies	-	1	-	1	1	-	100,0%	1	-
Consumable supplies	15	10	-	25	7	18	28,0%	93	13
Consumable: Stationery, printing and office supplies	597	(147)	(40)	410	249	161	60,7%	399	187
Operating leases	175	-	(30)	145	63	82	43,4%	150	79
Travel and subsistence	3 259	(353)	(90)	2 816	862	1 954	30,6%	3 392	1 843
Training and Development	243	-	-	243	-	243	-	200	114
Operating payments	90	(50)	(20)	20	-	20	-	237	25
Venues and facilities	-	-	-	-	90	(90)	-	312	235
Transfers and subsidies	-	-	142	142	140	2	98,6%	24	24
Households	-	-	142	142	140	2	98,6%	24	24
Social benefits	-	-	142	142	140	2	98,6%	5	5
Other transfers to households	-	-	-	-	-	-	-	19	19
Payments for capital assets	1 926	-	-	1 926	129	1 797	6,7%	1 093	731
Machinery and equipment	1 926	-	-	1 926	129	1 797	6,7%	1 093	731
Other machinery and equipment	1 926	-	-	1 926	129	1 797	6,7%	1 093	731
Payments for financial assets	-	-	-	-	-	-	-	-	7
Total	51 745	3 200	(811)	54 134	47 960	6 174	88,6%	55 903	54 521

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

		2014/15						2013/14		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
1. Programme Management		1 647	-	(1 210)	437	331	106	75,7%	919	353
2. Technical Policy and Planning		3 426	-	(1 978)	1 448	1 314	134	90,7%	3 657	2 658
3. Health Information Management, Monitoring and Evaluation		60 629	-	8 870	69 499	38 933	30 566	56,0%	41 205	34 106
4. Sector-Wide Procurement		22 987	-	1 545	24 532	24 347	185	99,2%	22 202	20 817
5. Health Financing and National Health Insurance		487 210	-	(3 750)	483 460	177 446	306 014	36,7%	366 499	76 030
6. International Health and Development		52 257	-	22 494	74 751	74 296	455	99,4%	59 431	64 297
Total for sub programmes		628 156	-	25 971	654 127	316 667	337 460	48,4%	493 913	198 261
Economic classification										
Current payments		550 734	-	10 035	560 769	224 798	335 971	40,1%	435 444	140 903
Compensation of employees		67 193	-	18 100	85 293	85 263	30	100,0%	75 444	75 433
Salaries and wages		59 382	-	18 100	77 482	76 388	1 094	98,6%	68 042	67 549
Social contributions		7 811	-	-	7 811	8 875	(1 064)	113,6%	7 402	7 884
Goods and services		483 541	-	(8 065)	475 476	139 535	335 941	29,3%	360 000	65 470
Administrative fees		35	-	-	35	12	23	34,3%	35	21
Advertising		1 455	(255)	(480)	720	296	424	41,1%	1 397	770
Minor assets		1 065	(307)	(170)	588	109	479	18,5%	1 602	388
Catering: Departmental activities		750	40	(15)	775	490	285	63,2%	554	407
Communication (G&S)		1 017	(40)	(60)	917	811	106	88,4%	900	706
Computer services		1 714	6	-	1 720	646	1 074	37,6%	1 644	180
Consultants: Business and advisory services		208 806	(160 886)	(11 053)	36 867	9 205	27 662	25,0%	152 276	7 074
Legal services		211	-	-	211	258	(47)	122,3%	153	30
Contractors		207 190	160 618	-	367 808	75 735	292 073	20,6%	140 945	5 105
Agency and support / outsourced services		1 133	-	-	1 133	65	1 068	5,7%	989	789
Entertainment		285	5	-	290	8	282	2,8%	80	39
Fleet services (including government motor transport)		1 960	(189)	(440)	1 331	1 242	89	93,3%	2 357	1 931
Consumable supplies										

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15					2013/14			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Food and food supplies	30	-	-	30	13	17	43,3%	164	15
Inventory: Fuel, oil and gas	15	-	-	15	6	9	40,0%	45	6
Inventory: Materials and supplies	20	-	-	20	1	19	5,0%	8	2
Inventory: Medicine	-	-	-	-	1	(1)	-	15	-
Consumables supplies	343	13	(107)	249	37	212	14,9%	323	196
Consumable: Stationery, printing and office supplies	3 780	(40)	(270)	3 470	737	2 733	21,2%	3 863	1 250
Operating leases	1 105	-	(215)	890	502	388	56,4%	1 010	564
Property payments	20	-	-	20	6	14	30,0%	20	-
Travel and subsistence	27 557	520	3 480	31 557	23 642	7 915	74,9%	22 519	20 785
Training and development	30	-	(30)	-	-	-	-	60	7
Operating payments	22 770	-	1 914	24 684	24 054	630	97,4%	25 772	23 182
Venues and facilities	2 250	515	(619)	2 146	1 659	487	77,3%	3 019	2 023
Rental and hiring	-	-	-	-	-	-	-	250	-
Transfers and subsidies	75 000	-	15 879	90 879	90 878	1	100,0%	56 067	56 046
Provinces and municipalities	70 000	-	6 956	76 956	76 956	-	100,0%	50 953	50 953
Provinces	70 000	-	6 956	76 956	76 956	-	100,0%	50 953	50 953
Provincial Revenue Funds	70 000	-	6 956	76 956	76 956	-	100,0%	50 953	50 953
Non-profit institutions	5 000	-	8 671	13 671	13 670	1	100,0%	5 000	4 979
Households	-	-	252	252	252	-	100,0%	114	114
Social benefits	-	-	252	252	252	-	100,0%	114	114
Payments for capital assets	2 422	-	-	2 422	935	1 487	38,6%	2 402	1 296
Machinery and equipment	2 422	(260)	-	2 162	760	1 402	35,2%	2 142	1 296
Other machinery and equipment	2 422	(260)	-	2 162	760	1 402	35,2%	2 142	1 296
Software and other intangible assets	-	260	-	260	175	85	67,3%	260	-
Payments for financial assets	-	-	57	57	56	1	98,2%	-	16
Total for sub programmes	628 156	-	25 971	654 127	316 667	337 460	48,4%	493 913	198 261

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

2.1 Programme Management

	2014/15						2013/14		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Economic classification									
Current payments	1 613	-	(1 210)	403	331	72	82,1%	867	340
Compensation of employees	913	-	(910)	3	2	1	66,7%	-	-
Salaries and wages	723	-	(910)	(187)	-	(187)	-	(190)	-
Social contributions	190	-	-	190	2	188	1,1%	190	-
Goods and services	700	-	(300)	400	329	71	82,3%	867	340
Advertising	50	(30)	(20)	-	-	-	-	50	-
Minor Assets	20	-	-	20	-	20	-	7	3
Catering: Departmental activities	20	-	(15)	5	1	4	20,0%	20	-
Communication (G&S)	55	(20)	(10)	25	19	6	76,0%	16	52
Computer services	-	-	-	-	-	-	-	4	-
Contractors	10	-	-	10	1	9	10,0%	-	3
Fleet services (including government motor transport)	80	(30)	-	50	16	34	32,0%	180	-
Inventory: Food and food supplies	4	-	-	4	-	4	-	4	-
Consumable: Stationery, printing and office supplies	35	-	-	35	-	35	-	25	-
Operating leases	25	-	(25)	-	-	-	-	-	23
Travel and subsistence	396	80	(230)	246	217	29	88,2%	536	259
Operating payments	5	-	-	5	-	5	-	25	-
Venues and facilities	-	-	-	-	75	(75)	-	-	-
Payments for capital assets	34	-	-	34	-	34	-	52	13
Machinery and equipment	34	-	-	34	-	34	-	52	13
Other machinery and equipment	34	-	-	34	-	34	-	52	13
Total	1 647	-	(1 210)	437	331	106	75,7%	919	353

Vote 16
Appropriation Statement for the year ended 31 March 2015

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	3 388	-	(1 980)	1 408	1 312	96	93,2%	3 646	2 631
Compensation of employees	1 304	-	(80)	1 224	1 220	4	99,7%	1 696	1 691
Salaries and wages	1 304	-	(80)	1 224	1 109	115	90,6%	1 696	1 588
Social contributions	-	-	-	-	111	(111)	-	-	103
Goods and services	2 084	-	(1 900)	184	92	92	50,0%	1 950	940
Advertising	200	-	(200)	-	-	-	-	200	80
Communication (G&S)	39	-	-	39	17	22	43,6%	-	7
Fleet services (including government motor transport)	355	-	(300)	55	22	33	40,0%	355	200
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	-	10	1
Travel and subsistence	790	-	(700)	90	53	37	58,9%	685	221
Venues and facilities	700	-	(700)	-	-	-	-	700	431
Transfers and subsidies	-	-	2	2	2	-	100,0%	11	11
Households	-	-	2	2	2	-	100,0%	11	11
Social benefits	-	-	2	2	2	-	100,0%	11	11
Payments for capital assets	38	-	-	38	-	38	-	-	-
Machinery and equipment	38	-	-	38	-	38	-	-	-
Other machinery and equipment	38	-	-	38	-	38	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	3 426	-	(1 978)	1 448	1 314	134	90,7%	3 657	2 658

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

2.3 Health Information Management, Monitoring and Evaluation												
	2014/15						2013/14					
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000			
Economic classification												
Current payments	54 735	-	59	54 794	24 865	29 929	45,4%	35 298	28 644			
Compensation of employees	13 937	-	4 110	18 047	18 041	6	100,0%	18 892	18 892			
Salaries and wages	11 735	-	4 110	15 845	15 701	144	99,1%	16 690	16 493			
Social contributions	2 202	-	-	2 202	2 340	(138)	106,3%	2 202	2 399			
Goods and services	40 798	-	(4 051)	36 747	6 824	29 923	18,6%	16 406	9 752			
Administrative fees	20	-	-	20	-	20	-	20	-			
Advertising	510	-	-	510	180	330	35,3%	395	363			
Minor Assets	645	(230)	-	415	29	386	7,0%	596	179			
Catering: Departmental activities	210	-	-	210	168	42	80,0%	210	115			
Communication (G&S)	360	-	-	360	75	285	20,8%	359	57			
Computer services	1 603	-	-	1 603	537	1 066	33,5%	1 600	180			
Consultants: Business and advisory services	26 215	-	(4 037)	22 178	2 537	19 641	11,4%	3 490	3 385			
Contractors	80	-	-	80	5	75	6,3%	19	59			
Agency and support / outsourced services	1 005	-	-	1 005	7	998	0,7%	986	712			
Entertainment	-	-	-	-	-	-	-	20	-			
Fleet services (including government motor transport)	830	-	-	830	495	335	59,6%	760	705			
Inventory: Food and food supplies	10	-	-	10	4	6	40,0%	40	4			
Inventory: Fuel, oil and gas	5	-	-	5	2	3	40,0%	3	1			
Inventory: Materials and supplies	15	-	-	15	-	15	-	7	2			

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

		2014/15						2013/14		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification										
	Consumable supplies	120	10	(14)	116	15	101	12,9%	110	19
	Consumable: Stationery, printing and office supplies	2 910	-	-	2 910	223	2 687	7,7%	2 845	833
	Operating leases	600	-	-	600	234	366	39,0%	510	216
	Property payments	20	-	-	20	6	14	30,0%	20	-
	Travel and subsistence	4 490	-	-	4 490	1 818	2 672	40,5%	3 460	2 372
	Operating payments	800	-	-	800	19	781	2,4%	746	381
	Venues and facilities	350	220	-	570	470	100	82,5%	210	169
	Transfers and subsidies	5 000	-	8 797	13 797	13 796	1	100,0%	5 013	4 992
	Non-profit institutions	5 000	-	8 671	13 671	13 670	1	100,0%	5 000	4 979
	Households	-	-	126	126	126	-	100,0%	13	13
	Social benefits	-	-	126	126	126	-	100,0%	13	13
	Payments for capital assets	894	-	-	894	259	635	29,0%	894	470
	Machinery and equipment	894	(260)	-	634	84	550	13,2%	634	470
	Other machinery and equipment	894	(260)	-	634	84	550	13,2%	634	470
	Software and other intangible assets	-	260	-	260	175	85	67,3%	260	-
	Payments for financial assets	-	-	14	14	13	1	92,9%	-	-
	Total	60 629	-	8 870	69 499	38 933	30 566	56,0%	41 205	34 106

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15					2013/14			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	22 614	-	1 421	24 035	24 028	7	100,0%	21 829	20 538
Compensation of employees	17 286	-	960	18 246	18 240	6	100,0%	16 541	16 540
Salaries and wages	15 234	-	960	16 194	15 907	287	98,2%	14 329	14 571
Social contributions	2 052	-	-	2 052	2 333	(281)	113,7%	2 212	1 969
Goods and services	5 328	-	461	5 789	5 788	1	100,0%	5 288	3 998
Advertising	105	20	-	125	116	9	92,8%	44	42
Minor Assets	105	(99)	-	6	13	(7)	216,7%	57	121
Catering: Departmental activities	100	-	-	100	124	(24)	124,0%	94	93
Communication (G&S)	110	(20)	-	90	58	32	64,4%	48	95
Computer services	106	6	-	112	109	3	97,3%	20	-
Consultants: Business and advisory services	127	(45)	-	82	142	(60)	173,2%	200	160
Legal services	211	-	-	211	258	(47)	122,3%	153	30
Contractors	50	-	-	50	57	(7)	114,0%	60	52
Fleet services (including government motor transport)	175	(9)	-	166	162	4	97,6%	232	175
Inventory: Food and food supplies	4	-	-	4	2	2	50,0%	12	3
Inventory: Materials and supplies	-	-	-	-	1	(1)	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	5	-
Consumable supplies	-	-	-	-	2	(2)	-	-	2
Consumable: Stationery, printing and office supplies	140	(80)	-	60	65	(5)	108,3%	138	88
Operating leases	140	-	-	140	97	43	69,3%	140	82
Travel and subsistence	1 582	227	80	1 889	1 759	130	93,1%	1 558	2 052
Operating payments	2 273	-	-	2 273	2 350	(77)	103,4%	2 282	786
Venues and facilities	100	-	381	481	473	8	98,3%	245	217
Transfers and subsidies	-	-	124	124	124	-	100,0%	-	-
Households	-	-	124	124	124	-	100,0%	-	-
Social benefits	-	-	124	124	124	-	100,0%	-	-
Payments for capital assets	373	-	-	373	195	178	52,3%	373	279
Machinery and equipment	373	-	-	373	195	178	52,3%	373	279
Other machinery and equipment	373	-	-	373	195	178	52,3%	373	279
Total	22 987	-	1 545	24 532	24 347	185	99,2%	22 202	20 817

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15					2013/14				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Economic classification										
Current payments	416 814	-	(10 706)	406 108	100 251	305 857	24,7%	315 060	24 863	
Compensation of employees	13 169	-	1 750	14 919	14 915	4	100,0%	13 209	13 205	
Salaries and wages	11 819	-	1 750	13 569	13 275	294	97,8%	12 049	11 755	
Social contributions	1 350	-	-	1 350	1 640	(290)	121,5%	1 160	1 450	
Goods and services	403 645	-	(12 456)	391 189	85 336	305 853	21,8%	301 851	11 658	
Advertising	300	(45)	(260)	(5)	-	(5)	-	413	-	
Minor Assets	260	22	(170)	112	57	55	50,9%	885	36	
Catering: Departmental activities	300	40	-	340	123	217	36,2%	110	87	
Communication (G&S)	173	-	(50)	123	98	25	79,7%	327	142	
Computer services	-	-	-	-	-	-	-	20	-	
Consultants: Business and advisory services	182 309	(160 741)	(7 016)	14 552	6 526	8 026	44,8%	148 431	3 375	
Contractors	207 050	160 608	-	367 658	75 667	291 991	20,6%	140 865	4 989	
Agency and support / outsourced services	20	-	-	20	5	15	25,0%	-	-	
Entertainment	255	5	-	260	-	260	-	50	-	
Fleet services (including government motor transport)	-	-	(140)	(140)	131	(271)	(93,6%)	435	171	
Inventory: Food and food supplies	8	-	-	8	5	3	62,5%	100	5	
Inventory: Fuel, oil and gas	10	-	-	10	-	10	-	40	1	
Inventory: Materials and supplies	5	-	-	5	-	5	-	1	-	

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Inventory: Medicine	-	-	-	-	-	-	-	10	-
Consumable supplies	50	3	(50)	3	13	(10)	433,3%	100	4
Consumable: Stationery, printing and office supplies	510	-	(270)	240	208	32	86,7%	660	117
Operating leases	300	-	(190)	110	116	(6)	105,5%	300	199
Travel and subsistence	11 560	(187)	(3 670)	7 703	2 112	5 591	27,4%	6 924	2 444
Training and Development	30	-	(30)	-	-	-	-	60	7
Operating payments	305	-	(310)	(5)	8	(13)	(160,0%)	1 005	25
Venues and facilities	200	295	(300)	195	267	(72)	136,9%	865	56
Transfers and subsidies	70 000	-	6 956	76 956	76 956	-	100,0%	51 043	51 043
Provinces and municipalities	70 000	-	6 956	76 956	76 956	-	100,0%	50 953	50 953
Provinces	70 000	-	6 956	76 956	76 956	-	100,0%	50 953	50 953
Provincial Revenue Funds	70 000	-	6 956	76 956	76 956	-	100,0%	50 953	50 953
Households	-	-	-	-	-	-	-	90	90
Social benefits	-	-	-	-	-	-	-	90	90
Payments for capital assets	396	-	-	396	239	157	60,4%	396	124
Machinery and equipment	396	-	-	396	239	157	60,4%	396	124
Other machinery and equipment	396	-	-	396	239	157	60,4%	396	124
Total	487 210	-	(3 750)	483 460	177 446	306 014	36,7%	366 499	76 030

Vote 16
Appropriation Statement for the year ended 31 March 2015

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	51 570	-	22 451	74 021	74 011	10	100,0%	58 744	63 887
Compensation of employees	20 584	-	12 270	32 854	32 845	9	100,0%	25 106	25 105
Salaries and wages	18 567	-	12 270	30 837	30 396	441	98,6%	23 468	23 142
Social contributions	2 017	-	-	2 017	2 449	(432)	121,4%	1 638	1 963
Goods and services	30 986	-	10 181	41 167	41 166	1	100,0%	33 638	38 782
Administrative fees	15	-	-	15	12	3	80,0%	15	21
Advertising	290	(200)	-	90	-	90	-	295	285
Minor Assets	35	-	-	35	10	25	28,6%	57	49
Catering: Departmental activities	120	-	-	120	74	46	61,7%	120	112
Communication (G&S)	280	-	-	280	544	(264)	194,3%	150	353
Computer services	5	-	-	5	-	5	-	-	-
Consultants: Business and advisory services	155	(100)	-	55	-	55	-	155	154
Contractors	-	10	-	10	5	5	50,0%	1	2
Agency and support / outsourced services	108	-	-	108	53	55	49,1%	3	77
Entertainment	30	-	-	30	8	22	26,7%	10	39
Fleet services (including government motor transport)	520	(150)	-	370	416	(46)	112,4%	395	680
Inventory: Food and food supplies	4	-	-	4	2	2	50,0%	8	3
Inventory: Fuel, oil and gas	-	-	-	-	4	(4)	-	2	4
Inventory: Medicine	-	-	-	-	1	(1)	-	-	-
Consumable supplies	173	-	(43)	130	7	123	5,4%	113	171
Consumable: Stationery, printing and office supplies	185	40	-	225	241	(16)	107,1%	185	211
Operating leases	40	-	-	40	55	(15)	137,5%	60	44
Travel and subsistence	8 739	400	8 000	17 139	17 683	(544)	103,2%	9 356	13 437
Operating payments	19 387	-	2 224	21 611	21 677	(66)	100,3%	21 714	21 990
Venues and facilities	900	-	-	900	374	526	41,6%	999	1 150
Payments for capital assets	687	-	-	687	242	445	35,2%	687	410
Machinery and equipment	687	-	-	687	242	445	35,2%	687	410
Other machinery and equipment	687	-	-	687	242	445	35,2%	687	410
Payments for financial assets	-	-	43	43	43	-	100,0%	-	-
Total	52 257	-	22 494	74 751	74 296	455	99,4%	59 431	64 297

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

		2014/15						2013/14		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
1.	Programme Management	3 609	-	669	4 278	4 225	53	98,8%	3 840	3 905
2.	HIV and AIDS	12 784 418	-	1 724	12 786 142	12 782 033	4 109	100,0%	10 978 412	10 904 279
3.	Tuberculosis	26 442	-	(2 987)	23 455	21 783	1 672	92,9%	24 778	23 799
4.	Women's Maternal and Reproductive Health	17 058	-	(2 469)	14 589	12 422	2 167	85,1%	16 051	14 116
5.	Child, Youth and School Health	218 396	-	(201)	218 195	207 447	10 748	95,1%	17 264	16 602
	Total for sub programmes	13 049 923	-	(3 234)	13 046 659	13 027 910	18 749	99,9%	11 040 345	10 962 701
	Economic classification									
	Current payments	522 616	-	(4 120)	518 496	515 858	2 638	99,5%	286 494	213 780
	Compensation of employees	64 404	-	910	65 314	65 285	29	100,0%	63 762	62 474
	Salaries and wages	57 461	-	910	58 371	57 413	958	98,4%	57 087	55 165
	Social contributions	6 943	-	-	6 943	7 872	(929)	113,4%	6 675	7 309
	Goods and services	458 212	-	(5 030)	453 182	450 573	2 609	99,4%	222 732	151 306
	Administrative fees	120	(120)	-	-	9	(9)	-	3	78
	Advertising	7 553	(4 172)	(2 730)	651	611	40	93,9%	1 771	5 730
	Minor assets	4 412	(3 640)	(225)	547	694	(147)	126,9%	1 070	429
	Catering: Departmental activities	730	17	(80)	667	347	320	52,0%	605	429
	Communication (G&S)	4 585	(3 608)	(400)	577	1 024	(447)	177,5%	608	523

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

		2014/15							2013/14	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification		R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Computer services		-	-	-	-	-	-	16	2	
Consultants: Business and advisory services		4 553	(115)	-	4 438	10 901	245,6%	7 128	12 914	
Legal services		100	878	(100)	878	845	96,2%	66	65	
Contractors		6 719	3 286	(250)	9 755	9 414	96,5%	9 858	3 833	
Agency and support / outsourced services		5 000	(2 350)	(50)	2 600	2 604	100,2%	1 633	-	
Entertainment		5	-	-	5	-	-	65	-	
Fleet services (including government motor transport)		8 340	3 627	(61)	11 906	11 418	95,9%	2 586	3 279	
Inventory: Food and food supplies		21	-	-	21	13	61,9%	60	13	
Inventory: Fuel, oil and gas		10	2	-	12	3	25,0%	27	5	
Inventory: Materials and supplies		50	(50)	-	-	-	-	1	-	
Inventory: Medical supplies		153 410	57 419	-	210 829	209 221	99,2%	117 951	70 134	
Inventory: Medicine		141 480	35 567	-	177 047	177 110	100,0%	3	1	
Inventory: Other supplies		100	(20)	-	80	-	-	300	297	
Consumables supplies		219	(62)	-	157	15	9,6%	54	26	
Consumable: Stationery, printing and office supplies		9 283	(4 958)	(60)	4 265	2 447	57,4%	9 420	6 058	
Operating leases		775	(285)	(155)	335	235	70,1%	805	416	
Property payments		-	-	-	-	-	-	1 690	1 734	
Travel and subsistence		46 797	(32 387)	(519)	13 891	11 892	85,6%	17 657	15 499	

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Programme 3: HIV and AIDS, Tuberculosis, Maternal and Child Health

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Training and development	-	-	-	-	-	-	-	100	-
Operating payments	61 750	(49 133)	(190)	12 427	9 657	2 770	77,7%	43 775	24 206
Venues and facilities	2 200	104	(210)	2 094	2 113	(19)	100,9%	5 480	5 635
Transfers and subsidies	12 515 080	-	296	12 515 376	12 510 961	4 415	100,0%	10 752 124	10 747 741
Provinces and municipalities	12 311 322	-	-	12 311 322	12 311 322	-	100,0%	10 533 886	10 533 886
Provinces	12 311 322	-	-	12 311 322	12 311 322	-	100,0%	10 533 886	10 533 886
Provincial Revenue Funds	12 311 322	-	-	12 311 322	12 311 322	-	100,0%	10 533 886	10 533 886
Departmental agencies and accounts	15 000	-	-	15 000	15 000	-	100,0%	25 951	25 951
Departmental agencies (non-business entities)	15 000	-	-	15 000	15 000	-	100,0%	25 951	25 951
Higher education institutions	3 000	-	-	3 000	-	3 000	-	3 000	-
Non-profit institutions	185 758	-	-	185 758	184 346	1 412	99,2%	189 016	187 637
Households	-	-	296	296	293	3	99,0%	271	267
Social benefits	-	-	296	296	293	3	99,0%	271	267
Payments for capital assets	12 227	-	-	12 227	531	11 696	4,3%	1 727	1 169
Machinery and equipment	12 227	-	-	12 227	531	11 696	4,3%	1 727	1 169
Other machinery and equipment	12 227	-	-	12 227	531	11 696	4,3%	1 727	1 169
Payments for financial assets	-	-	560	560	560	-	100,0%	-	11
Total	13 049 923	-	(3 264)	13 046 659	13 027 910	18 749	99,9%	11 040 345	10 962 701

**Vote 16
Appropriation Statement for the year ended 31 March 2015**
3.1 Programme Management

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3 556	-	658	4 214	4 209	5	99,9%	3 787	3 883
Compensation of employees	2 656	-	150	2 806	2 802	4	99,9%	2 920	2 918
Salaries and wages	2 415	-	150	2 565	2 572	(7)	100,3%	2 672	2 693
Social contributions	241	-	-	241	230	11	95,4%	248	225
Goods and services	900	-	508	1 408	1 407	1	99,9%	867	965
Administrative fees	-	-	-	-	9	(9)	-	3	78
Advertising	50	(50)	-	-	-	-	-	-	-
Minor Assets	20	-	-	20	-	20	-	11	-
Communication (G&S)	10	-	-	10	60	(50)	600,0%	14	-
Computer services	-	-	-	-	-	-	-	13	-
Entertainment	-	-	-	-	-	-	-	5	-
Fleet services (including government motor transport)	55	-	-	55	46	9	83,6%	48	57
Inventory: Food and food supplies	4	-	-	4	1	3	25,0%	10	1
Consumable supplies	10	-	-	10	-	10	-	6	-
Consumable: Stationery, printing and office supplies	55	(10)	-	45	8	37	17,8%	75	44
Operating leases	15	25	-	40	10	30	25,0%	35	14
Travel and subsistence	671	45	508	1 224	1 262	(38)	103,1%	647	771
Operating payments	10	(10)	-	-	10	(10)	-	-	-
Venues and facilities	-	-	-	-	1	(1)	-	-	-
Transfers and subsidies	-	-	11	11	10	1	90,9%	-	-
Households	-	-	11	11	10	1	90,9%	-	-
Social benefits	-	-	11	11	10	1	90,9%	-	-
Payments for capital assets	53	-	-	53	6	47	11,3%	53	22
Machinery and equipment	53	-	-	53	6	47	11,3%	53	22
Other machinery and equipment	53	-	-	53	6	47	11,3%	53	22
Total	3 609	-	669	4 278	4 225	53	98,8%	3 840	3 905

Vote 16
Appropriation Statement for the year ended 31 March 2015

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	269 775	-	1 590	271 365	270 886	479	99,8%	226 840	156 043
Compensation of employees	29 327	-	1 720	31 047	31 040	7	100,0%	30 777	29 492
Salaries and wages	26 075	-	1 720	27 795	27 213	582	97,9%	27 488	25 834
Social contributions	3 252	-	-	3 252	3 827	(575)	117,7%	3 289	3 658
Goods and services	240 448	-	(130)	240 318	239 846	472	99,8%	196 063	126 551
Advertising	3 000	(2 800)	-	200	157	43	78,5%	1 653	1 755
Minor Assets	523	(200)	-	323	51	272	15,8%	407	170
Catering: Departmental activities	210	250	-	460	229	231	49,8%	280	212
Communication (G&S)	330	-	-	330	661	(331)	200,3%	394	307
Computer services	-	-	-	-	-	-	-	1	1
Consultants: Business and advisory services	3 800	(100)	-	3 700	10 204	(6 504)	275,8%	6 020	12 073
Legal services	-	850	-	850	845	5	99,4%	-	-
Contractors	6 016	250	-	6 266	5 874	392	93,7%	7 021	3 831
Agency and support / outsourced services	-	-	-	-	-	-	-	1 633	-
Entertainment	5	-	-	5	-	5	-	50	-
Fleet services (including government motor transport)	2 890	(890)	-	2 000	1 690	310	84,5%	1 005	1 923
Inventory: Food and food supplies	6	-	-	6	6	-	100,0%	15	5
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	5	1

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Materials and supplies	50	(50)	-	-	-	-	-	1	-
Inventory: Medical supplies	149 410	61 419	-	210 829	209 221	1 608	99,2%	117 951	70 134
Inventory: Other supplies	50	-	-	50	-	50	-	-	-
Consumable supplies	63	-	-	63	11	52	17,5%	26	12
Consumable: Stationery, printing and office supplies	3 295	(2 700)	-	595	263	332	44,2%	4 816	2 400
Operating leases	250	(100)	-	150	80	70	53,3%	500	205
Travel and subsistence	13 020	(7 770)	-	5 250	4 045	1 205	77,0%	9 472	7 670
Operating payments	56 530	(47 659)	(130)	8 741	6 161	2 580	70,5%	41 763	22 269
Venues and facilities	1 000	(500)	-	500	347	153	69,4%	3 050	3 583
Transfers and subsidies	12 513 670	-	4	12 513 674	12 510 672	3 002	100,0%	10 750 599	10 747 562
Provinces	12 311 322	-	-	12 311 322	12 311 322	-	100,0%	10 533 886	10 533 886
Provincial Revenue Funds	12 311 322	-	-	12 311 322	12 311 322	-	100,0%	10 533 886	10 533 886
Departmental agencies and accounts	15 000	-	-	15 000	15 000	-	100,0%	25 951	25 951
Departmental agencies (non-business entities)	15 000	-	-	15 000	15 000	-	100,0%	25 951	25 951
Higher Education	3 000	-	-	3 000	-	3 000	-	3 000	-
Non-profit institutions	184 348	-	-	184 348	184 346	2	100,0%	187 673	187 637
Households	-	-	4	4	4	-	100,0%	89	88
Social benefits	-	-	4	4	4	-	100,0%	89	88
Payments for capital assets	973	-	-	973	345	628	35,5%	973	665
Machinery and equipment	973	-	-	973	345	628	35,5%	973	665
Other machinery and equipment	973	-	-	973	345	628	35,5%	973	665
Payments for financial assets	-	-	130	130	130	-	100,0%	-	9
Total	12 784 418	-	1 724	12 786 142	12 782 033	4 109	100,0%	10 978 412	10 904 279

Vote 16
Appropriation Statement for the year ended 31 March 2015

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	26 259	-	(3 030)	23 229	21 699	1 530	93,4%	24 534	23 491
Compensation of employees	10 998	-	(30)	10 968	10 964	4	100,0%	10 881	10 881
Salaries and wages	9 828	-	(30)	9 798	9 633	165	98,3%	9 815	9 777
Social contributions	1 170	-	-	1 170	1 331	(161)	113,8%	1 066	1 104
Goods and services	15 261	-	(3 000)	12 261	10 735	1 526	87,6%	13 653	12 610
Administrative fees	120	(120)	-	-	-	-	-	-	-
Advertising	4 040	(2 477)	(1 500)	63	63	-	100,0%	40	3 908
Minor Assets	594	(395)	(150)	49	20	29	40,8%	559	216
Catering: Departmental activities	40	-	-	40	16	24	40,0%	80	21
Communication (G&S)	100	430	(400)	130	151	(21)	116,2%	90	110
Consultants: Business and advisory services	700	(5)	-	695	667	28	96,0%	1 000	800
Legal services	-	28	-	28	-	28	-	-	-
Contractors	-	3 381	(190)	3 191	3 245	(54)	101,7%	2 450	1
Agency and support / outsourced services	-	46	(50)	(4)	-	(4)	-	-	-
Entertainment	-	-	-	-	-	-	-	5	-
Fleet services (including government motor transport)	470	157	(50)	577	533	44	92,4%	573	490
Inventory: Food and food supplies	4	-	-	4	4	-	100,0%	14	4
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	-	-

**Vote 16
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Economic classification	2014/15						2013/14		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Consumable supplies	3	25	-	28	2	26	7,1%	5	11
Consumable: Stationery, printing and office supplies	4 260	(960)	(60)	3 240	1 973	1 267	60,9%	3 201	2 375
Operating leases	160	(100)	(40)	20	21	(1)	105,0%	40	32
Travel and subsistence	3 410	70	(480)	3 000	2 876	124	95,9%	3 396	2 825
Training and Development	-	-	-	-	-	-	-	100	-
Operating payments	780	(170)	(60)	550	529	21	96,2%	680	872
Venues and facilities	580	90	(20)	650	634	16	97,5%	1 420	945
Transfers and subsidies	-	-	43	43	42	1	97,7%	61	60
Households	-	-	43	43	42	1	97,7%	61	60
Social benefits	-	-	43	43	42	1	97,7%	61	60
Payments for capital assets	183	-	-	183	42	141	23,0%	183	247
Machinery and equipment	183	-	-	183	42	141	23,0%	183	247
Other machinery and equipment	183	-	-	183	42	141	23,0%	183	247
Payments for financial assets	-	-	-	-	-	-	-	-	1
Total	26 442	-	(2 987)	23 455	21 783	1 672	92,9%	24 778	23 799

**Vote 16
Appropriation Statement for the year ended 31 March 2015**
3.4 Women's Maternal and Reproductive Health

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	15 448	-	(2 911)	12 537	11 935	602	95,2%	14 388	13 977
Compensation of employees	9 581	-	(1 040)	8 541	8 533	8	99,9%	8 235	8 235
Salaries and wages	8 601	-	(1 040)	7 561	7 537	24	99,7%	7 394	7 289
Social contributions	980	-	-	980	996	(16)	101,6%	841	946
Goods and services	5 867	-	(1 871)	3 996	3 402	594	85,1%	6 153	5 742
Advertising	300	1 155	(1 100)	355	353	2	99,4%	3	-
Minor Assets	105	(45)	-	60	49	11	81,7%	47	4
Catering: Departmental activities	300	(173)	(80)	47	45	2	95,7%	185	151
Communication (G&S)	35	5	-	40	51	(11)	127,5%	60	35
Consultants: Business and advisory services	13	(10)	-	3	2	1	66,7%	55	5
Contractors	700	(345)	(60)	295	293	2	99,3%	382	-
Entertainment	-	-	-	-	-	-	-	5	-
Fleet services (including government motor transport)	220	(82)	(11)	127	115	12	90,6%	255	209
Inventory: Food and food supplies	3	-	-	3	1	2	33,3%	6	2
Inventory: Fuel, oil and gas	-	2	-	2	1	1	50,0%	5	-
Consumable supplies	13	(10)	-	3	1	2	33,3%	13	1
Consumable: Stationery, printing and office supplies	1 082	(995)	-	87	70	17	80,5%	1 151	1 120
Operating leases	150	(20)	(90)	40	47	(7)	117,5%	80	72
Property payments	-	-	-	-	-	-	-	1 690	1 734
Travel and subsistence	1 466	271	(340)	1 397	1 377	20	98,6%	1 416	1 661
Operating payments	1 270	(316)	-	954	405	549	42,5%	-	-
Venues and facilities	210	563	(190)	583	592	(9)	101,5%	800	748
Transfers and subsidies	1 410	-	21	1 431	21	1 410	1,5%	1 463	119
Non-profit institutions	1 410	-	-	1 410	-	1 410	-	1 343	-
Households	-	-	21	21	21	-	100,0%	120	119
Social benefits	-	-	21	21	21	-	100,0%	120	119
Payments for capital assets	200	-	-	200	45	155	22,5%	200	20
Machinery and equipment	200	-	-	200	45	155	22,5%	200	20
Other machinery and equipment	200	-	-	200	45	155	22,5%	200	20
Payments for financial assets	-	-	421	421	421	-	100,0%	-	-
Total	17 058	-	(2 469)	14 589	12 422	2 167	85,1%	16 051	14 116

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

3.5 Child, Youth and School Health

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	207 578		(427)	207 151	207 129	22	100,0%	16 945	16 386
Compensation of employees	11 842	-	110	11 952	11 946	6	99,9%	10 949	10 948
Salaries and wages	10 542	-	110	10 652	10 458	194	98,2%	9 718	9 572
Social contributions	1 300	-	-	1 300	1 488	(188)	114,5%	1 231	1 376
Goods and services	195 736	-	(537)	195 199	195 183	16	100,0%	5 996	5 438
Advertising	163	-	(130)	33	38	(5)	115,2%	75	67
Minor Assets	3 170	(3 000)	(75)	95	574	(479)	604,2%	46	39
Catering: Departmental activities	180	(60)	-	120	57	63	47,5%	60	45
Communication (G&S)	4 110	(4 043)	-	67	101	(34)	150,7%	50	71
Computer services	-	-	-	-	-	-	-	2	1
Consultants: Business and advisory services	40	-	-	40	28	12	70,0%	53	36
Legal services	100	-	(100)	-	-	-	-	66	65
Contractors	3	-	-	3	2	1	66,7%	5	1
Agency and support / outsourced services	5 000	(2 396)	-	2 604	2 604	-	100,0%	-	-
Fleet services (including government motor transport)	4 705	4 442	-	9 147	9 034	113	98,8%	705	600
Inventory: Food and food supplies	4	-	-	4	1	3	25,0%	15	1
Inventory: Fuel, oil and gas	10	-	-	10	-	10	-	17	4
Inventory: Medical supplies	4 000	(4 000)	-	-	-	-	-	-	-
Inventory: Medicine	141 480	35 567	-	177 047	177 110	(63)	100,0%	3	1

Vote 16
Appropriation Statement for the year ended 31 March 2015

		2014/15							2013/14	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Inventory: Other supplies	50	(20)	-	30	-	30	-	300	297	
Consumable supplies	130	(77)	-	53	1	52	1,9%	4	2	
Consumable: Stationery, printing and office supplies	591	(293)	-	298	133	165	44,6%	177	119	
Operating leases	200	(90)	(25)	85	77	8	90,6%	150	93	
Travel and subsistence	28 230	(25 003)	(207)	3 020	2 332	688	77,2%	2 726	2 572	
Operating payments	3 160	(978)	-	2 182	2 552	(370)	117,0%	1 332	1 065	
Venues and facilities	410	(49)	-	361	539	(178)	149,3%	210	359	
Transfers and subsidies	-	-	217	217	216	1	99,5%	1	-	
Households	-	-	217	217	216	1	99,5%	1	-	
Social benefits	-	-	217	217	216	1	99,5%	1	-	
Payments for capital assets	10 818	-	-	10 818	93	10 725	0,9%	318	215	
Machinery and equipment	10 818	-	-	10 818	93	10 725	0,9%	318	215	
Other machinery and equipment	10 818	-	-	10 818	93	10 725	0,9%	318	215	
Payments for financial assets	-	-	9	9	9	-	100,0%	-	1	
Total	218 396	-	(201)	218 195	207 447	10 748	95,1%	17 264	16 602	

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

		2014/15							2013/14	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Programme 4: Primary Health Care Services										
Sub programme										
1.	Programme Management	3 007	-	(84)	2 923	2 834	89	97,0%	2 029	1 689
2.	District Services and Environmental Health	23 674	-	3 153	26 827	25 790	1 037	96,1%	22 620	14 070
3.	Communicable Diseases	31 298	-	(7 588)	23 710	23 366	344	98,5%	14 919	13 784
4.	Non-Communicable Diseases	25 718	-	2	25 720	25 282	438	98,3%	25 620	25 441
5.	Health Promotion and Nutrition	21 768	-	(533)	21 235	18 353	2 882	86,4%	25 231	23 880
6.	Violence, Trauma and EMS	5 880	-	860	6 740	6 730	10	99,9%	12 570	11 024
Total for sub programmes		111 345	-	(4 190)	107 155	102 355	4 800	95,5%	102 989	89 888
Economic classification										
Current payments										
	Compensation of employees	102 425	-	(7 465)	94 960	90 774	4 186	95,6%	94 589	81 234
	Salaries and wages	52 740	-	4 380	57 120	57 087	33	99,9%	52 159	52 148
	Social contributions	46 844	-	4 380	51 224	50 799	425	99,2%	46 977	46 208
	Goods and services	5 896	-	-	5 896	6 288	(392)	106,6%	5 182	5 940
	Administrative fees	49 685	-	(11 845)	37 840	33 687	4 153	89,0%	42 430	29 086
	Advertising	65	(54)	-	11	-	11	-	63	22
	Minor assets	545	664	(50)	1 159	1 714	(555)	147,9%	2 379	747
	Bursaries: Employees	748	(166)	(162)	420	766	(346)	182,4%	2 236	99
	Catering: Departmental activities	-	-	-	-	-	-	-	150	-
	Communication (G&S)	760	111	(21)	850	804	46	94,6%	865	434
	Computer services	529	686	(42)	1 173	1 441	(268)	122,8%	470	490
	Consultants: Business and advisory services	4	-	-	4	-	4	-	57	1
	Legal services	5 384	894	(3 124)	3 154	1 380	1 774	43,8%	4 821	4 672
	Contractors	-	123	23	483	472	11	97,7%	20	-
	Agency and support / outsourced services	337	-	-	-	-	-	-	152	4
	Entertainment	-	-	-	-	-	-	-	5	-
	Fleet services (including government motor transport)	1 592	(176)	(275)	1 141	1 328	(187)	116,4%	1 525	1 568
	Inventory: Clothing material and accessories	5 774	190	(3 324)	2 640	2 603	37	98,6%	-	-
	Inventory: Food and food supplies	32	(6)	(6)	20	12	8	60,0%	143	12
	Inventory: Fuel, oil and gas	5	1	-	6	3	3	50,0%	33	3

**Vote 16
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Programme 4: Primary Health Care Services

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Materials and supplies	61	-	(5)	56	95	(39)	169,6%	63	-
Inventory: Medical supplies	50	-	-	50	-	50	-	-	45
Inventory: Medicine	3	(3)	-	-	-	-	-	453	451
Consumables supplies	141	4	(5)	140	104	36	74,3%	121	20
Consumable: Stationery, printing and office supplies	6 521	479	(906)	6 094	3 339	2 755	54,8%	5 174	4 821
Operating leases	1 035	(243)	(65)	727	367	360	50,5%	719	418
Property payments	-	-	-	-	-	-	-	33	-
Travel and subsistence	11 402	(2 431)	(905)	8 066	7 714	352	95,6%	13 811	10 222
Training and development	60	(50)	-	10	-	10	-	60	-
Operating payments	13 583	(166)	(3 074)	10 343	10 182	161	98,4%	7 160	3 424
Venues and facilities	1 044	143	96	1 283	1 363	(80)	106,2%	1 767	1 633
Rental and hiring	10	-	-	10	-	10	-	30	-
Transfers and subsidies	7 446	-	501	7 947	7 557	390	95,1%	6 926	6 921
Foreign governments and international organisations	2 658	-	-	2 658	2 622	36	98,6%	-	-
Non-profit institutions	4 788	-	63	4 851	4 500	351	92,8%	6 790	6 786
Households	-	-	438	438	435	3	99,3%	136	135
Social benefits	-	-	438	438	435	3	99,3%	136	135
Other transfers to households	-	-	-	-	-	-	-	50	50
Payments for capital assets	1 474	-	2 738	4 212	3 989	223	94,7%	1 474	591
Machinery and equipment	1 474	-	2 738	4 212	3 989	223	94,7%	1 474	591
Other machinery and equipment	1 474	-	2 738	4 212	3 989	223	94,7%	1 474	591
Payments for financial assets	-	-	36	36	35	1	97,2%	-	1 142
Total	111 345	-	(4 190)	107 155	102 355	4 800	95,5%	102 989	89 888

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4.1 Programme Management

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 986	-	(244)	2 742	2 653	89	96,8%	2 008	1 689
Compensation of employees	2 086	-	70	2 156	2 147	9	99,6%	1 141	1 137
Salaries and wages	1 686	-	70	1 756	1 927	(171)	109,7%	750	1 033
Social contributions	400	-	-	400	220	180	55,0%	391	104
Goods and services	900	-	(314)	586	506	80	86,3%	867	552
Minor Assets	59	-	8	67	59	8	88,1%	278	-
Catering: Departmental activities	10	6	(1)	15	13	2	86,7%	15	7
Communication (G&S)	60	-	8	68	99	(31)	145,6%	42	138
Contractors	5	-	23	28	27	1	96,4%	-	-
Entertainment	-	-	-	-	-	-	-	5	-
Fleet services (including government motor transport)	62	14	(52)	24	16	8	66,7%	80	27
Inventory: Clothing material and accessories	4	-	-	4	-	4	-	-	-
Inventory: Food and food supplies	-	-	(2)	(2)	1	(3)	(50%)	4	1
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	6	-
Inventory: Materials and supplies	1	-	-	1	1	-	100,0%	1	-
Consumable supplies	12	-	-	12	14	(2)	116,7%	2	-
Consumable: Stationery, printing and office supplies	112	-	(5)	107	80	27	74,8%	8	7
Operating leases	30	-	(15)	15	11	4	73,3%	-	7
Travel and subsistence	545	(20)	(278)	247	185	62	74,9%	426	365
Payments for capital assets	21	-	160	181	181	-	100,0%	21	-
Machinery and equipment	21	-	160	181	181	-	100,0%	21	-
Other machinery and equipment	21	-	160	181	181	-	100,0%	21	-
Total	3 007	-	(84)	2 923	2 834	89	97,0%	2 029	1 689

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Appropriation Statement for the year ended 31 March 2015**

4.2 District Services and Environmental Health

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	21 347	-	309	21 656	20 620	1 036	95,2%	22 193	13 852
Compensation of employees	10 939	-	2 830	13 769	13 763	6	100,0%	10 925	10 920
Salaries and wages	9 699	-	2 830	12 529	12 411	118	99,1%	10 036	9 615
Social contributions	1 240	-	-	1 240	1 352	(112)	109,0%	889	1 305
Goods and services	10 408	-	(2 521)	7 887	6 857	1 030	86,9%	11 268	2 932
Administrative fees	35	(34)	-	1	-	1	-	35	-
Advertising	120	(60)	-	60	202	(142)	336,7%	120	15
Minor Assets	236	(125)	-	111	12	99	10,8%	1 084	10
Bursaries	-	-	-	-	-	-	-	150	-
Catering: Departmental activities	140	250	-	390	389	1	99,7%	140	43
Communication (G&S)	114	-	-	114	123	(9)	107,9%	114	52
Computer services	4	-	-	4	-	4	-	6	-
Consultants: Business and advisory services	3 561	-	(2 524)	1 037	-	1 037	-	-	-
Contractors	50	9	-	59	64	(5)	108,5%	2	1
Entertainment	-	-	-	-	-	-	-	103	-
Fleet services (including government motor transport)	140	83	-	223	329	(106)	147,5%	330	260
Inventory: Food and food supplies	10	-	-	10	2	8	20,0%	106	3
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	1	-
Consumable supplies	60	(54)	-	6	4	2	66,7%	14	6

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	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consumable: Stationery, printing and office supplies	474	97	-	571	632	(61)	110,7%	434	154
Operating leases	140	-	-	140	35	105	25,0%	138	67
Travel and subsistence	2 084	(196)	3	1 891	1 826	65	96,6%	4 272	1 721
Training and Development	60	(50)	-	10	-	10	-	60	-
Operating payments	3 070	130	-	3 200	3 171	29	99,1%	3 588	114
Venues and facilities	100	(50)	-	50	68	(18)	136,0%	561	486
Rental and hiring	10	-	-	10	-	10	-	10	-
Transfers and subsidies	2 000	-	-	2 000	2 000	-	100,0%	100	100
Non-profit institutions	2 000	-	-	2 000	2 000	-	100,0%	100	100
Payments for capital assets	327	-	2 811	3 138	3 137	1	100,0%	327	110
Machinery and equipment	327	-	2 811	3 138	3 137	1	100,0%	327	110
Other machinery and equipment	327	-	2 811	3 138	3 137	1	100,0%	327	110
Payments for financial assets	-	-	33	33	33	-	100,0%	-	8
Total	23 674	-	3 153	26 827	25 790	1 037	96,1%	22 620	14 070

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4.3 Communicable Diseases

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	28 157	-	(7 554)	20 603	20 474	129	99,4%	14 436	13 627
Compensation of employees	8 526	-	990	9 516	9 508	8	99,9%	9 116	9 115
Salaries and wages	7 461	-	990	8 451	8 340	111	98,7%	8 064	7 940
Social contributions	1 065	-	-	1 065	1 168	(103)	109,7%	1 052	1 175
Goods and services	19 631	-	(8 544)	11 087	10 966	121	98,9%	5 320	4 512
Advertising	50	(4)	-	46	45	1	97,8%	600	484
Minor Assets	270	-	(170)	100	217	(117)	217,0%	190	40
Catering: Departmental activities	70	1	(20)	51	70	(19)	137,3%	200	35
Communication (G&S)	140	(26)	(50)	64	112	(48)	175,0%	112	89
Computer services	-	-	-	-	-	-	-	15	1
Consultants: Business and advisory services	500	348	(500)	348	38	310	10,9%	-	12
Contractors	-	-	-	-	-	-	-	10	3
Agency and support / outsourced services	-	-	-	-	-	-	-	5	-
Fleet services (including government motor transport)	548	(200)	(173)	175	267	(92)	152,6%	430	461
Inventory: Clothing material and accessories	5 770	-	(3 324)	2 446	2 446	-	100,0%	-	-
Inventory: Food and food supplies	12	(4)	(4)	4	5	(1)	125,0%	10	5
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	2	-

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4.3 Communicable Diseases

Economic classification	2014/15							2013/14	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Inventory: Materials and supplies	5	-	(5)	-	4	(4)	-	2	-
Inventory: Medicine	-	-	-	-	-	-	-	450	450
Consumable supplies	10	(4)	(5)	1	5	(4)	500,0%	12	1
Consumable: Stationery, printing and office supplies	1 145	(212)	(785)	148	122	26	82,4%	340	207
Operating leases	350	(100)	(50)	200	130	70	65,0%	200	90
Travel and subsistence	2 720	(399)	(480)	1 841	2 212	(371)	120,2%	1 827	1 654
Operating payments	7 767	(30)	(3 074)	4 663	4 298	365	92,2%	540	492
Venues and facilities	274	630	96	1 000	995	5	99,5%	375	488
Transfers and subsidies	2 658	-	29	2 687	2 650	37	98,6%	-	-
Foreign governments and international organisations	2 658	-	-	2 658	2 622	36	98,6%	-	-
Households	-	-	29	29	28	1	96,6%	-	-
Social benefits	-	-	29	29	28	1	96,6%	-	-
Payments for capital assets	483	-	(63)	420	242	178	57,6%	483	157
Machinery and equipment	483	-	(63)	420	242	178	57,6%	483	157
Other machinery and equipment	483	-	(63)	420	242	178	57,6%	483	157
Total	31 298	-	(7 588)	23 710	23 366	344	98,5%	14 919	13 784

**Vote 16
Appropriation Statement for the year ended 31 March 2015**
4.4 Non-Communicable Diseases

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	23 429	-	(3)	23 426	23 371	55	99,8%	23 525	23 432
Compensation of employees	16 745	-	160	16 905	16 896	9	99,9%	17 078	17 078
Salaries and wages	14 862	-	160	15 022	15 072	(50)	100,3%	15 406	15 271
Social contributions	1 883	-	-	1 883	1 824	59	96,9%	1 672	1 807
Goods and services	6 684	-	(163)	6 521	6 475	46	99,3%	6 447	6 354
Administrative fees	20	(20)	-	-	-	-	-	18	18
Advertising	375	580	-	955	954	1	99,9%	101	248
Minor Assets	33	(2)	-	31	24	7	77,4%	78	45
Catering: Departmental activities	120	(26)	-	94	77	17	81,9%	120	120
Communication (G&S)	80	6	-	86	112	(26)	130,2%	71	93
Computer services	-	-	-	-	-	-	-	1	-
Consultants: Business and advisory services	1 013	403	(100)	1 316	1 168	148	88,8%	92	74
Contractors	-	194	-	194	194	-	100,0%	-	-
Entertainment	-	-	-	-	-	-	-	2	-
Fleet services (including government motor transport)	235	(63)	-	172	192	(20)	111,6%	220	243
Inventory: Food and food supplies	4	(2)	-	2	2	-	100,0%	10	1
Inventory: Fuel, oil and gas	-	1	-	1	1	-	100,0%	1	-
Inventory: Materials and supplies	-	-	-	-	50	(50)	-	-	-
Inventory: Medical supplies	50	-	-	50	-	50	-	-	45

Vote 16
Appropriation Statement for the year ended 31 March 2015

	2014/15										2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure			
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000	
Inventory: Medicine	3	(3)	-	-	-	-	-	-	3	-	1	
Consumable supplies	9	(4)	-	5	2	3	40,0%	16	8	-	-	
Consumable: Stationery, printing and office supplies	388	(235)	(63)	90	202	(112)	224,4%	503	529	-	-	
Operating leases	345	(143)	-	202	145	57	71,8%	226	133	-	-	
Property payments	-	-	-	-	-	-	-	3	-	-	-	
Travel and subsistence	2 472	(590)	-	1 882	1 766	116	93,8%	2 883	2 708	-	-	
Operating payments	1 287	68	-	1 355	1 424	(69)	105,1%	1 621	1 633	-	-	
Venues and facilities	250	(164)	-	86	162	(76)	188,4%	478	455	-	-	
Transfers and subsidies	2 020	-	68	2 088	1 736	352	83,1%	1 826	1 821	-	-	
Non-profit institutions	2 020	-	63	2 083	1 732	351	83,1%	1 690	1 686	-	-	
Households	-	-	5	5	4	1	80,0%	136	135	-	-	
Social benefits	-	-	5	5	4	1	80,0%	136	135	-	-	
Payments for capital assets	269	-	(63)	206	175	31	85,0%	269	186	-	-	
Machinery and equipment	269	-	(63)	206	175	31	85,0%	269	186	-	-	
Other machinery and equipment	269	-	(63)	206	175	31	85,0%	269	186	-	-	
Payments for financial assets	-	-	-	-	-	-	-	-	-	-	-	
Total	25 718	-	2	25 720	25 282	438	98,3%	25 620	25 441	-	-	

Vote 16
Appropriation Statement for the year ended 31 March 2015

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	20 755	-	(473)	20 282	17 413	2 869	85,9%	19 986	17 645
Compensation of employees	10 613	-	(470)	10 143	10 142	1	100,0%	9 219	9 219
Salaries and wages	9 463	-	(470)	8 993	8 911	82	99,1%	8 183	8 070
Social contributions	1 150	-	-	1 150	1 231	(81)	107,0%	1 036	1 149
Goods and services	10 142	-	(3)	10 139	7 271	2 868	71,7%	10 767	8 426
Administrative fees	10	-	-	10	-	10	-	10	4
Advertising	-	70	-	70	483	(413)	690,0%	1 551	-
Minor Assets	100	(24)	-	76	24	52	31,6%	72	4
Catering: Departmental activities	400	(220)	-	180	162	18	90,0%	350	212
Communication (G&S)	120	706	-	826	965	(139)	116,8%	86	107
Consultants: Business and advisory services	-	389	-	389	141	248	36,2%	26	-
Contractors	12	-	-	12	27	(15)	225,0%	140	-
Fleet services (including government motor transport)	575	(90)	-	485	479	6	98,8%	465	547
Inventory: Food and food supplies	4	-	-	4	1	3	25,0%	3	1
Inventory: Fuel, oil and gas	5	-	-	5	2	3	40,0%	3	3
Inventory: Materials and supplies	55	-	-	55	40	15	72,7%	45	-
Consumable supplies	10	-	-	10	2	8	20,0%	4	3
Consumable: Stationery, printing and office supplies	4 277	759	(3)	5 033	2 205	2 828	43,8%	3 673	3 873
Operating leases	150	-	-	150	33	117	22,0%	105	72
Travel and subsistence	2 770	(1 096)	-	1 674	1 336	338	79,8%	2 730	2 212
Operating payments	1 434	(334)	-	1 100	1 289	(189)	117,2%	1 301	1 185
Venues and facilities	220	(160)	-	60	82	(22)	136,7%	203	203
Transfers and subsidies	768	-	-	768	768	-	100,0%	5 000	5 000
Non-profit institutions	768	-	-	768	768	-	100,0%	5 000	5 000
Payments for capital assets	245	-	(63)	182	170	12	93,4%	245	103
Machinery and equipment	245	-	(63)	182	170	12	93,4%	245	103
Other machinery and equipment	245	-	(63)	182	170	12	93,4%	245	103
Payments for financial assets	-	-	3	3	2	1	66,7%	-	1 132
Total	21 768	-	(533)	21 235	18 353	2 882	86,4%	25 231	23 880

Vote 16
Appropriation Statement for the year ended 31 March 2015

4.6 Violence, Trauma and EMS

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	5 751	-	500	6 251	6 243	8	99,9%	12 441	10 989
Compensation of employees	3 831	-	800	4 631	4 631	-	100,0%	4 680	4 679
Salaries and wages	3 673	-	800	4 473	4 138	335	92,5%	4 538	4 279
Social contributions	158	-	-	158	493	(335)	312,0%	142	400
Goods and services	1 920	-	(300)	1 620	1 612	8	99,5%	7 761	6 310
Advertising	-	78	(50)	28	30	(2)	107,1%	7	-
Minor Assets	50	(15)	-	35	430	(395)	1 228,6%	534	-
Catering: Departmental activities	20	100	-	120	93	27	77,5%	40	17
Communication (G&S)	15	-	-	15	30	(15)	200,0%	45	11
Computer services	-	-	-	-	-	-	-	35	-
Consultants: Business and advisory services	310	(246)	-	64	33	31	51,6%	4 703	4 586
Legal services	-	-	-	-	-	-	-	20	-
Contractors	270	(80)	-	190	160	30	84,2%	-	-
Entertainment	-	-	-	-	-	-	-	10	-
Fleet services (including government motor transport)	32	80	(50)	62	45	17	72,6%	-	30
Inventory: Clothing material and accessories	-	190	-	190	157	33	82,6%	-	-
Inventory: Food and food supplies	2	-	-	2	1	1	50,0%	10	1
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	20	-

Vote 16
Appropriation Statement for the year ended 31 March 2015

4.6 Violence, Trauma and EMS

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Inventory: Materials and supplies	-	-	-	-	-	-	-	15	-
Consumable supplies	40	66	-	106	77	29	72,6%	73	2
Consumable: Stationery, printing and office supplies	125	70	(50)	145	98	47	67,6%	216	51
Operating leases	20	-	-	20	13	7	65,0%	50	49
Property payments	-	-	-	-	-	-	-	30	-
Travel and subsistence	811	(130)	(150)	531	389	142	73,3%	1 673	1 562
Operating payments	25	-	-	25	-	25	-	110	-
Venues and facilities	200	(113)	-	87	56	31	64,4%	150	1
Rental and hiring	-	-	-	-	-	-	-	20	-
Transfers and subsidies	-	-	404	404	403	1	99,8%	-	-
Households	-	-	404	404	403	1	99,8%	-	-
Social benefits	-	-	404	404	403	1	99,8%	-	-
Payments for capital assets	129	-	(44)	85	84	1	98,8%	129	35
Machinery and equipment	129	-	(44)	85	84	1	98,8%	129	35
Other machinery and equipment	129	-	(44)	85	84	1	98,8%	129	35
Total	5 880	-	860	6 740	6 730	10	99,9%	12 570	11 024

**Vote 16
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		2014/15							2013/14	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
1.	Programme Management	3 570	-	630	4 200	4 191	9	99,8%	2 378	2 263
2.	Health Facilities Infrastructure Management	6 162 300	-	(38 040)	6 124 260	5 807 614	316 646	94,8%	5 791 166	5 546 054
3.	Tertiary Health Care Planning and Policy	10 171 405	-	900	10 172 305	10 172 223	82	100,0%	9 624 692	9 624 393
4.	Hospital Management	5 426	-	(754)	4 672	4 583	89	98,1%	5 499	5 663
5.	Human Resources for Health	2 342 479	-	38 450	2 380 929	2 380 818	111	100,0%	2 215 167	2 212 908
6.	Nursing Services	2 531	-	125	2 656	2 563	93	96,5%	1 738	1 092
7.	Forensic Chemistry Laboratories	122 896	-	(3 065)	119 831	110 056	9 775	91,8%	90 542	93 852
	Total for sub programmes	18 810 607	-	(1 754)	18 808 853	18 482 048	326 805	98,3%	17 731 182	17 486 225
Economic classification										
Current payments		365 232	-	(42 342)	322 890	233 242	89 648	72,2%	174 313	216 735
	Compensation of employees	102 549	-	(2 460)	100 089	100 047	42	100,0%	90 419	90 276
	Salaries and wages	90 401	-	(2 460)	87 941	87 153	788	99,1%	80 887	78 408
	Social contributions	12 148	-	-	12 148	12 894	(746)	106,1%	9 532	11 868
	Goods and services	262 683	-	(39 882)	222 801	133 195	89 606	59,8%	83 894	126 459
	Administrative fees	141	(60)	-	81	81	-	100,0%	80	-
	Advertising	580	34	(60)	554	123	431	22,2%	830	780
	Minor assets	22 729	(257)	-	22 472	5 410	17 062	24,1%	784	463
	Catering: Departmental activities	274	(32)	-	242	155	87	64,0%	380	96
	Communication (G&S)	772	(93)	1 164	1 843	1 731	112	93,9%	752	836
	Computer services	2 521	110	-	2 631	2 473	158	94,0%	1 589	582
	Consultants: Business and advisory services	40 900	830	(40 224)	1 506	883	623	58,6%	45 655	99 885
	Infrastructure and planning services	13 000	-	-	13 000	4 286	8 714	33,0%	-	-
	Legal services	100	(83)	-	17	-	17	-	150	150
	Contractors	2 570	1 771	-	4 341	4 816	(475)	110,9%	652	1 644
	Agency and support / outsourced services	147 909	(890)	-	147 019	88 115	58 904	59,9%	2 818	1 641
	Entertainment	2	-	-	2	-	2	-	12	-
	Fleet services (including government motor transport)	1 072	353	(60)	1 365	1 260	105	92,3%	829	1 341

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Programme 5: Hospital, Tertiary Health Services and Human Resource Development

	2014/15					2013/14				
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000	
Inventory: Clothing material and accessories	45	-	-	45	26	19	57,8%	75	29	
Inventory: Food and food supplies	30	2	-	32	9	23	28,1%	41	6	
Inventory: Fuel, oil and gas	1 562	(380)	-	1 182	1 050	132	88,8%	1 471	960	
Inventory: Materials and supplies	161	-	-	161	80	81	49,7%	9	11	
Inventory: Medical supplies	1 280	(50)	-	1 230	311	919	25,3%	282	213	
Inventory: Medicine	26	(1)	-	25	8	17	32,0%	35	18	
Inventory: Other supplies	11 100	430	-	11 530	10 247	1 283	88,9%	9 362	7 477	
Consumables supplies	173	34	-	207	341	(134)	164,7%	233	40	
Consumable: Stationery, printing and office supplies	1 153	109	(200)	1 062	805	257	75,8%	1 506	752	
Operating leases	2 249	(1 116)	(130)	1 003	806	197	80,4%	2 499	519	
Property payments	50	-	-	50	18	32	36,0%	100	46	
Travel and subsistence	10 251	(563)	(282)	9 406	9 113	293	96,9%	10 601	7 446	
Training and development	100	-	-	100	-	100	-	195	-	
Operating payments	1 339	(39)	-	1 300	875	425	67,3%	1 824	1 274	
Venues and facilities	294	101	(90)	305	109	196	35,7%	1 130	250	
Rental and hiring	300	(210)	-	90	64	26	71,1%	-	-	
Transfers and subsidies	17 992 004	-	40 533	18 032 537	18 032 536	1	100,0%	17 105 607	17 105 605	
Provinces and municipalities	17 992 004	-	-	17 992 004	17 992 004	-	100,0%	17 101 539	17 101 539	
Provinces	17 992 004	-	-	17 992 004	17 992 004	-	100,0%	17 101 539	17 101 539	
Provincial Revenue Funds	17 992 004	-	-	17 992 004	17 992 004	-	100,0%	17 101 539	17 101 539	
Higher education institutions	-	-	40 200	40 200	40 200	-	100,0%	4 000	4 000	
Households	-	-	333	333	332	1	99,7%	68	66	
Social benefits	-	-	333	333	332	1	99,7%	68	66	
Payments for capital assets	453 371	-	-	453 371	216 217	237 154	47,7%	451 262	163 858	
Buildings and other fixed structures	378 403	-	-	378 403	168 329	210 074	44,5%	409 177	113 726	
Buildings	378 403	-	-	378 403	168 329	210 074	44,5%	409 177	113 726	
Machinery and equipment	74 968	-	-	74 968	47 888	27 080	63,9%	42 085	50 132	
Other machinery and equipment	74 968	-	-	74 968	47 888	27 080	63,9%	42 085	50 132	
Payments for financial assets	-	-	55	55	53	2	96,4%	-	27	
Total	18 810 607	-	(1 754)	18 808 853	18 482 048	326 805	98,3%	17 731 182	17 486 225	

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	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	3 549	-	409	3 958	3 949	9	99,8%	2 357	2 242
Compensation of employees	2 649	-	250	2 899	2 890	9	99,7%	1 490	1 485
Salaries and wages	2 419	-	250	2 669	2 603	66	97,5%	1 442	1 309
Social contributions	230	-	-	230	287	(57)	124,8%	48	176
Goods and services	900	-	159	1 059	1 059	-	100,0%	867	757
Advertising	-	-	-	-	20	(20)	-	-	-
Minor Assets	10	3	-	13	5	8	38,5%	25	-
Catering: Departmental activities	10	-	-	10	1	9	10,0%	25	3
Communication (G&S)	20	-	-	20	31	(11)	155,0%	11	13
Legal services	100	(83)	-	17	-	17	-	150	150
Contractors	5	-	-	5	2	3	40,0%	-	-
Fleet services (including government motor transport)	50	-	-	50	41	9	82,0%	-	17
Inventory: Food and food supplies	4	-	-	4	2	2	50,0%	4	1
Consumable supplies	10	2	-	12	3	9	25,0%	5	-
Consumable: Stationery, printing and office supplies	40	-	-	40	47	(7)	117,5%	37	24
Travel and subsistence	610	98	159	867	888	(21)	102,4%	554	496
Operating payments	41	(20)	-	21	19	2	90,5%	56	53
Transfers and subsidies	-	-	120	120	120	-	100,0%	-	-
Households	-	-	120	120	120	-	100,0%	-	-
Social benefits	-	-	120	120	120	-	100,0%	-	-
Payments for capital assets	21	-	101	122	122	-	100,0%	21	21
Machinery and equipment	21	-	101	122	122	-	100,0%	21	21
Other machinery and equipment	21	-	101	122	122	-	100,0%	21	21
Total	3 570	-	630	4 200	4 191	9	99,8%	2 378	2 263

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

5.2 Health Facilities Infrastructure Management

Economic classification	2014/15					2013/14			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Current payments	236 503	-	(38 040)	198 463	109 122	89 341	55,0%	60 012	111 014
Compensation of employees	7 912	-	2 160	10 072	10 062	10	99,9%	8 356	8 355
Salaries and wages	7 010	-	2 160	9 170	8 906	264	97,1%	7 871	7 436
Social contributions	902	-	-	902	1 156	(254)	128,2%	485	919
Goods and services	228 591	-	(40 200)	188 391	99 060	89 331	52,6%	51 656	102 659
Administrative fees	60	(60)	-	-	-	-	-	80	-
Advertising	460	-	-	460	-	460	-	510	152
Minor Assets	22 380	-	-	22 380	5 143	17 237	23,0%	260	12
Catering: Departmental activities	70	-	-	70	31	39	44,3%	80	2
Communication (G&S)	130	-	-	130	98	32	75,4%	50	66
Computer services	250	-	-	250	-	250	-	350	76
Consultants: Business and advisory services	40 700	-	(40 200)	500	-	500	-	45 600	99 847
Infrastructure and planning services	13 000	-	-	13 000	4 286	8 714	33,0%	-	-
Contractors	50	-	-	50	1	49	2,0%	-	-
Agency and support / outsourced services	145 300	-	-	145 300	86 310	58 990	59,4%	-	-
Fleet services (including government motor transport)	362	-	-	362	150	212	41,4%	155	174
Inventory: Food and food supplies	9	-	-	9	1	8	11,1%	20	-

**Vote 16
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Economic classification		2014/15						2013/14		
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Inventory: Materials and supplies		159	-	-	159	77	82	48,4%	3	4
Inventory: Medical supplies		1 000	-	-	1 000	123	877	12,3%	-	-
Consumable supplies		56	-	-	56	4	52	7,1%	60	5
Consumable: Stationery, printing and office supplies		390	-	-	390	63	327	16,2%	480	114
Operating leases		140	-	-	140	86	54	61,4%	132	32
Travel and subsistence		3 555	-	-	3 555	2 639	916	74,2%	3 451	2 132
Training and Development		100	-	-	100	-	100	-	100	-
Operating payments		210	60	-	270	5	265	1,9%	135	16
Venues and facilities		210	-	-	210	43	167	20,5%	190	27
Transfers and subsidies		5 501 981	-	-	5 501 981	5 501 981	-	100,0%	5 290 816	5 290 816
Provinces and municipalities		5 501 981	-	-	5 501 981	5 501 981	-	100,0%	5 290 816	5 290 816
Provinces		5 501 981	-	-	5 501 981	5 501 981	-	100,0%	5 290 816	5 290 816
Provincial Revenue Funds		5 501 981	-	-	5 501 981	5 501 981	-	100,0%	5 290 816	5 290 816
Payments for capital assets		423 816	-	-	423 816	196 511	227 305	46,4%	440 338	144 224
Building and other fixed structures		378 403	-	-	378 403	168 329	210 074	44,5%	409 177	113 726
Buildings		378 403	-	-	378 403	168 329	210 074	44,5%	409 177	113 726
Machinery and equipment		45 413	-	-	45 413	28 182	17 231	62,1%	31 161	30 498
Other machinery and equipment		45 413	-	-	45 413	28 182	17 231	62,1%	31 161	30 498
Total		6 162 300	-	(38 040)	6 124 260	5 807 614	316 646	94,8%	5 791 166	5 546 054

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Economic classification	2014/15					2013/14			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual expenditure R'000
Current payments	3 170	-	900	4 070	3 988	82	98,0%	4 335	4 035
Compensation of employees	2 325	-	900	3 225	3 216	9	99,7%	3 469	3 469
Salaries and wages	1 905	-	900	2 805	2 859	(54)	101,9%	3 108	3 064
Social contributions	420	-	-	420	357	63	85,0%	361	405
Goods and services	845	-	-	845	772	73	91,4%	866	566
Advertising	20	(20)	-	-	-	-	-	40	-
Minor Assets	15	(14)	-	1	1	-	100,0%	2	-
Catering: Departmental activities	40	(37)	-	3	2	1	66,7%	45	34
Communication (G&S)	75	(23)	-	52	39	13	75,0%	22	71
Entertainment	-	-	-	-	-	-	-	2	-
Fleet services (including government motor transport)	45	35	-	80	63	17	78,8%	-	41
Inventory: Food and food supplies	4	2	-	6	3	3	50,0%	4	1
Consumable supplies	10	(7)	-	3	-	3	-	10	-
Consumable: Stationery, printing and office supplies	36	(23)	-	13	10	3	76,9%	45	22
Operating leases	40	(8)	-	32	17	15	53,1%	60	-
Travel and subsistence	557	98	-	655	637	18	97,3%	633	397
Operating payments	3	(3)	-	-	-	-	-	3	-
Transfers and subsidies	10 168 235	-	-	10 168 235	10 168 235	-	100,0%	9 620 357	9 620 357
Provinces and municipalities	10 168 235	-	-	10 168 235	10 168 235	-	100,0%	9 620 357	9 620 357
Provinces	10 168 235	-	-	10 168 235	10 168 235	-	100,0%	9 620 357	9 620 357
Provincial Revenue Funds	10 168 235	-	-	10 168 235	10 168 235	-	100,0%	9 620 357	9 620 357
Payments for financial assets	-	-	-	-	-	-	-	-	1
Total	10 171 405	-	900	10 172 305	10 172 223	82	100,0%	9 624 692	9 624 393

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

		2014/15						2013/14		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current payments		5 232	-	(642)	4 590	4 520	70	98,5%	5 266	5 516
Compensation of employees		3 501	-	(40)	3 461	3 456	5	99,9%	3 555	3 429
Salaries and wages		3 021	-	(40)	2 981	3 051	(70)	102,3%	3 220	2 964
Social contributions		480	-	-	480	405	75	84,4%	335	465
Goods and services		1 731	-	(602)	1 129	1 064	65	94,2%	1 711	2 087
Advertising		-	119	(60)	59	69	(10)	116,9%	-	552
Minor Assets		11	15	-	26	30	(4)	115,4%	14	43
Catering: Departmental activities		34	(10)	-	24	10	14	41,7%	10	5
Communication (G&S)		76	-	-	76	75	1	98,7%	60	73
Consultants: Business and advisory services		-	-	-	-	-	-	-	-	4
Entertainment		2	-	-	2	-	2	-	5	-
Fleet services (including government motor transport)		15	140	(60)	95	77	18	81,1%	-	223
Inventory: Food and food supplies		2	-	-	2	-	2	-	3	1
Consumable supplies		-	1	-	1	1	-	100,0%	5	2
Consumable: Stationery, printing and office supplies		173	(100)	(50)	23	40	(17)	173,9%	65	30
Property payments		-	-	-	-	-	-	-	50	46
Travel and subsistence		1 363	(260)	(342)	761	696	65	91,5%	899	1 068
Operating payments		55	(55)	-	-	-	-	-	-	-
Venues and facilities		-	150	(90)	60	66	(6)	110,0%	600	40
Transfers and subsidies		-	-	-	-	-	-	-	39	38
Households		-	-	-	-	-	-	-	39	38
Social benefits		-	-	-	-	-	-	-	39	38
Payments for capital assets		194	-	(114)	80	61	19	76,3%	194	107
Machinery and equipment		194	-	(114)	80	61	19	76,3%	194	107
Other machinery and equipment		194	-	(114)	80	61	19	76,3%	194	107
Payments for financial assets		-	-	2	2	2	-	100,0%	-	2
Total		5 426	-	(754)	4 672	4 583	89	98,1%	5 499	5 663

Vote 16
Appropriation Statement for the year ended 31 March 2015

Economic classification	2014/15					2013/14			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Current payments	20 483	-	(1 669)	18 814	18 762	52	99,7%	20 578	18 341
Compensation of employees	15 867	-	(1 340)	14 527	14 520	7	100,0%	14 342	14 337
Salaries and wages	13 809	-	(1 340)	12 469	12 690	(221)	101,8%	12 740	12 477
Social contributions	2 058	-	-	2 058	1 830	228	88,9%	1 602	1 860
Goods and services	4 616	-	(329)	4 287	4 242	45	99,0%	6 236	4 004
Administrative fees	81	-	-	81	81	-	100,0%	-	-
Advertising	50	(50)	-	-	-	-	-	100	-
Minor Assets	93	(89)	-	4	8	(4)	200,0%	25	15
Catering: Departmental activities	100	15	-	115	97	18	84,3%	200	51
Communication (G&S)	110	(20)	-	90	81	9	90,0%	110	88
Computer services	2	-	-	2	-	2	-	10	1
Consultants: Business and advisory services	170	660	-	830	827	3	99,6%	30	25
Contractors	176	-	-	176	167	9	94,9%	30	-
Agency and support / outsourced services	-	-	-	-	-	-	-	-	198
Entertainment	-	-	-	-	-	-	-	5	-
Fleet services (including government motor transport)	404	45	-	449	470	(21)	104,7%	327	519
Inventory: Food and food supplies	5	-	-	5	2	3	40,0%	10	3
Inventory: Fuel, oil and gas	2	-	-	2	1	1	50,0%	6	1
Inventory: Medicine	5	-	-	5	-	5	-	5	2

Vote 16
Appropriation Statement for the year ended 31 March 2015

Economic classification		2014/15						2013/14		
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Consumable supplies		12	(9)	-	3	-	3	-	71	9
Consumable: Stationery, printing and office supplies		302	19	(150)	171	143	28	83,6%	414	203
Operating leases		250	-	(130)	120	129	(9)	107,5%	500	121
Travel and subsistence		2 178	(367)	(49)	1 762	1 695	67	96,2%	3 026	1 818
Training and Development		-	-	-	-	-	-	-	95	-
Operating payments		592	(155)	-	437	541	(104)	123,8%	932	767
Venues and facilities		84	(49)	-	35	-	35	-	340	183
Transfers and subsidies		2 321 788	-	40 204	2 361 992	2 361 992	-	100,0%	2 194 381	2 194 381
Provinces and municipalities		2 321 788	-	-	2 321 788	2 321 788	-	100,0%	2 190 366	2 190 366
Provinces		2 321 788	-	-	2 321 788	2 321 788	-	100,0%	2 190 366	2 190 366
Provincial Revenue Funds		2 321 788	-	-	2 321 788	2 321 788	-	100,0%	2 190 366	2 190 366
Higher education institutions		-	-	40 200	40 200	40 200	-	100,0%	4 000	4 000
Households		-	-	4	4	4	-	100,0%	15	15
Social benefits		-	-	4	4	4	-	100,0%	15	15
Payments for capital assets		208	-	(114)	94	36	58	38,3%	208	174
Machinery and equipment		208	-	(114)	94	36	58	38,3%	208	174
Other machinery and equipment		208	-	(114)	94	36	58	38,3%	208	174
Payments for financial assets		-	-	29	29	28	1	96,6%	-	12
Total		2 342 479	-	38 450	2 380 929	2 380 818	111	100,0%	2 215 167	2 212 908

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 481	-	(140)	2 341	2 249	92	96,1%	1 588	1 053
Compensation of employees	1 881	-	(90)	1 791	1 791	-	100,0%	1 038	1 033
Salaries and wages	1 631	-	(90)	1 541	1 608	(67)	104,3%	337	933
Social contributions	250	-	-	250	183	67	73,2%	701	100
Goods and services	600	-	(50)	550	458	92	83,3%	550	20
Advertising	50	(15)	-	35	34	1	97,1%	100	-
Minor Assets	30	(2)	-	28	46	(18)	164,3%	-	-
Catering: Departmental activities	20	-	-	20	14	6	70,0%	20	1
Communication (G&S)	5	-	-	5	19	(14)	380,0%	-	1
Fleet services (including government motor transport)	20	3	-	23	9	14	39,1%	-	6
Inventory: Food and food supplies	2	-	-	2	1	1	50,0%	-	-
Inventory: Medicine	1	(1)	-	-	1	(1)	-	-	-
Consumable supplies	-	2	-	2	-	2	-	-	-
Consumable: Stationery, printing and office supplies	2	18	-	20	17	3	85,0%	-	-
Operating leases	3	(3)	-	-	-	-	-	-	-
Travel and subsistence	329	78	(50)	357	236	121	66,1%	310	12
Operating payments	138	(80)	-	58	81	(23)	139,7%	120	-
Transfers and subsidies	-	-	138	138	137	1	99,3%	-	-
Households	-	-	138	138	137	1	99,3%	-	-
Social benefits	-	-	138	138	137	1	99,3%	-	-
Payments for capital assets	50	-	127	177	177	-	100,0%	150	39
Machinery and equipment	50	-	127	177	177	-	100,0%	150	39
Other machinery and equipment	50	-	127	177	177	-	100,0%	150	39
Total	2 531	-	125	2 656	2 563	93	96,5%	1 738	1 092

Vote 16
Appropriation Statement for the year ended 31 March 2015

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	93 814	-	(3 160)	90 654	90 652	2	100,0%	80 177	74 534
Compensation of employees	68 414	-	(4 300)	64 114	64 112	2	100,0%	58 169	58 168
Salaries and wages	60 606	-	(4 300)	56 306	55 436	870	98,5%	52 169	50 225
Social contributions	7 808	-	-	7 808	8 676	(868)	111,1%	6 000	7 943
Goods and services	25 400	-	1 140	26 540	26 540	-	100,0%	22 008	16 366
Advertising	-	-	-	-	-	-	-	80	76
Minor Assets	190	(170)	-	20	177	(157)	885,0%	458	393
Communication (G&S)	356	(50)	1 164	1 470	1 388	82	94,4%	499	524
Computer services	2 269	110	-	2 379	2 473	(94)	104,0%	1 229	505
Consultants: Business and advisory services	30	170	(24)	176	56	120	31,8%	25	9
Contractors	2 339	1 771	-	4 110	4 646	(536)	113,0%	622	1 644
Agency and support / outsourced services	2 609	(890)	-	1 719	1 805	(86)	105,0%	2 818	1 443
Fleet services (including government motor transport)	176	130	-	306	450	(144)	147,1%	347	361
Inventory: Clothing material and accessories	45	-	-	45	26	19	57,8%	75	29
Inventory: Food and food supplies	4	-	-	4	-	4	-	-	-
Inventory: Fuel, oil and gas	1 560	(380)	-	1 180	1 049	131	88,9%	1 465	959
Inventory: Materials and supplies	2	-	-	2	3	(1)	150,0%	6	7
Inventory: Medical supplies	280	(50)	-	230	188	42	81,7%	282	213

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Economic classification	2014/15						2013/14			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Inventory: Medicine	20	-	-	20	7	13	35,0%	30	16	
Inventory: Other supplies	11 100	430	-	11 530	10 247	1 283	88,9%	9 362	7 477	
Consumable supplies	85	45	-	130	333	(203)	256,2%	82	24	
Consumable: Stationery, printing and office supplies	210	195	-	405	485	(80)	119,8%	465	2359	
Operating leases	1 816	(1 105)	-	711	574	137	80,7%	1 807	366	
Property payments	50	-	-	50	18	32	36,0%	50	-	
Travel and subsistence	1 659	(210)	-	1 449	2 322	(873)	160,2%	1 728	1 523	
Operating payments	300	214	-	514	229	285	44,6%	578	438	
Rental and hiring	300	(210)	-	90	64	26	71,1%	-	-	
Transfers and subsidies	-	-	71	71	71	-	100,0%	14	13	
Households	-	-	71	71	71	-	100,0%	14	13	
Social benefits	-	-	71	71	71	-	100,0%	14	13	
Payments for capital assets	29 082	-	-	29 082	19 310	9 772	66,4%	10 351	19 293	
Machinery and equipment	29 082	-	-	29 082	19 310	9 772	66,4%	10 351	19 293	
Other machinery and equipment	29 082	-	-	29 082	19 310	9 772	66,4%	10 351	19 293	
Payments for financial assets	-	-	24	24	23	1	95,8%	-	12	
Total	122 896	-	(3 065)	119 831	110 056	9 775	91,8%	90 542	93 852	

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Programme 6: Health Regulation and Compliance Management										
Sub programme	2014/15					2013/14				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
1. Programme Management	4 127	-	(295)	3 832	3 758	74	98,1%	3 277	2 833	
2. Food Control	7 512	-	(605)	6 907	6 871	36	99,5%	8 277	7 156	
3. Pharmaceutical Trade and Product Regulation	121 748	-	(3 490)	118 258	102 429	15 829	86,6%	98 352	92 539	
4. Public Entities Management	609 470	-	10 030	619 500	619 408	92	100,0%	543 670	543 172	
5. Office of Standard Compliance	102 049	-	(20 413)	81 636	60 107	21 529	73,6%	58 155	52 967	
6. Compensation Commissioner for Occupational Diseases and Occupational Health	55 912	-	-	55 912	46 626	9 286	83,4%	54 959	36 439	
Total for sub programmes	900 818	-	(14 773)	886 045	839 199	46 846	94,7%	766 690	735 106	
Economic classification										
Current payments	279 978	-	(39 123)	240 855	215 869	24 986	89,6%	218 924	189 906	
Compensation of employees	156 147	-	(22 898)	133 249	132 990	259	99,8%	120 609	120 585	
Salaries and wages	141 364	(1 548)	(22 898)	116 918	115 992	926	99,2%	109 255	105 176	
Social contributions	14 783	1 548	-	16 331	16 998	(667)	104,1%	11 354	15 409	
Goods and services	123 831	-	(16 225)	107 606	82 879	24 727	77,0%	98 315	69 321	
Administrative fees	713	(338)	-	375	133	242	35,5%	225	28	
Advertising	2 425	1 953	(457)	3 921	2 386	1 535	60,9%	3 608	1 387	
Minor assets	3 231	(171)	(615)	2 445	588	1 857	24,0%	2 116	499	
Audit costs: External	800	(600)	-	200	-	200	-	401	1	
Catering: Departmental activities	1 065	(122)	-	943	816	127	86,5%	665	334	
Communication (G&S)	1 172	255	1 100	2 527	2 049	478	81,1%	2 440	1 849	
Computer services	10 480	(6 533)	(1 609)	2 338	1 898	440	81,2%	3 055	2 142	
Consultants: Business and advisory services	46 701	(2 015)	(2 157)	42 529	35 958	6 571	84,5%	31 192	28 476	
Laboratory services	-	-	-	-	-	-	-	80	-	
Legal services	660	(228)	-	432	65	367	15,0%	607	150	
Contractors	2 470	830	(150)	3 150	2 501	649	79,4%	5 335	1 446	
Agency and support / outsourced services	1 780	140	(580)	1 340	912	428	68,1%	2 259	743	
Entertainment	5	15	-	20	2	18	10,0%	37	3	
Fleet services (including government motor transport	5 590	2 418	(250)	7 758	8 271	(513)	106,6%	5 826	6 669	
Inventory: Clothing material and accessories	40	-	100	140	76	64	54,3%	101	8	
Inventory: Food and food supplies	86	(10)	-	76	11	65	14,5%	78	13	

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15						2013/14		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Inventory: Fuel, oil and gas	82	-	-	82	10	72	12,2%	52	72
Inventory: Materials and supplies	566	356	(250)	672	4	668	0,6%	743	180
Inventory: Medical supplies	410	8	(250)	168	24	144	14,3%	390	125
Inventory: Medicine	10	80	-	90	73	17	81,1%	88	2
Inventory: Other supplies	210	-	-	210	85	125	40,5%	700	100
Consumables supplies	1 098	(443)	100	755	663	92	87,8%	1 047	143
Consumable: Stationery, printing and office supplies	4 703	(392)	(1 002)	3 309	1 990	1 319	60,1%	3 345	1 617
Operating leases	1 690	2 798	(1 997)	2 491	1 433	1 058	57,5%	1 955	1 153
Property payments	260	250	-	510	264	246	51,8%	60	50
Travel and subsistence	28 039	1 442	(6 318)	23 163	18 199	4 964	78,6%	23 119	17 864
Training and development	615	(25)	-	590	198	392	33,6%	475	10
Operating payments	7 730	822	(1 690)	6 862	4 072	2 790	59,3%	7 183	3 724
Venues and facilities	1 200	(490)	(300)	410	172	238	42,0%	1 133	533
Rental and hiring	-	-	100	100	26	74	26,0%	-	-
Transfers and subsidies	607 382	-	12 262	619 644	619 643	1	100,0%	542 963	542 962
Departmental agencies and accounts	596 515	-	8 800	605 315	605 315	-	100,0%	532 583	532 583
Departmental agencies (non-business entities)	596 515	-	8 800	605 315	605 315	-	100,0%	532 583	532 583
Non-profit institutions	10 867	-	2 000	12 867	12 867	-	100,0%	10 252	10 252
Households	-	-	1 462	1 462	1 461	1	99,9%	128	127
Social benefits	-	-	1 462	1 462	1 461	1	99,9%	128	127
Payments for capital assets	13 458	-	12 041	25 499	3 641	21 858	14,3%	4 803	2 231
Buildings and other fixed structures	-	-	1 876	1 876	536	1 340	28,6%	-	-
Buildings	-	-	1 876	1 876	536	1 340	28,6%	-	-
Machinery and equipment	3 688	-	6 151	9 839	3 028	6 811	30,8%	4 803	2 231
Other machinery and equipment	3 688	-	6 151	9 839	3 028	6 811	30,8%	4 803	2 231
Software and other intangible assets	9 770	-	4 014	13 784	77	13 707	0,6%	-	-
Payments for financial assets	-	-	47	47	46	1	97,9%	-	7
Total	900 818	-	(14 773)	886 045	839 199	46 846	94,7%	766 690	735 106

Vote 16
Appropriation Statement for the year ended 31 March 2015

	2014/15					2013/14			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Current payments	4 047	-	(290)	3 757	3 727	30	99,2%	3 217	2 833
Compensation of employees	2 873	-	(290)	2 583	2 577	6	99,8%	2 088	2 084
Salaries and wages	2 443	-	(290)	2 153	2 303	(150)	107,0%	1 822	1 859
Social contributions	430	-	-	430	274	156	63,7%	266	225
Goods and services	1 174	-	-	1 174	1 150	24	98,0%	1 129	749
Minor Assets	30	-	-	30	-	30	-	71	-
Catering: Departmental activities	15	-	-	15	8	7	53,3%	15	-
Communication (G&S)	42	-	-	42	43	(1)	102,4%	44	36
Computer services	-	-	-	-	-	-	-	2	-
Consultants: Business and advisory services	568	-	-	568	570	(2)	100,4%	-	-
Contractors	10	-	-	10	-	10	-	10	2
Fleet services (including government motor transport)	45	-	-	45	23	22	51,1%	13	25
Inventory: Food and food supplies	4	-	-	4	1	3	25,0%	4	1
Inventory: Medicine	10	-	-	10	-	10	-	3	-
Consumable supplies	20	-	-	20	-	20	-	14	-
Consumable: Stationery, printing and office supplies	40	-	-	40	11	29	27,5%	32	9
Operating leases	15	-	-	15	10	5	66,7%	50	9
Travel and subsistence	375	-	-	375	484	(109)	129,1%	871	667
Payments for capital assets	80	-	(5)	75	31	44	41,3%	60	-
Machinery and equipment	80	-	(5)	75	31	44	41,3%	60	-
Other machinery and equipment	80	-	(5)	75	31	44	41,3%	60	-
Total	4 127	-	(295)	3 832	3 758	74	98,1%	3 277	2 833

Vote 16
Appropriation Statement for the year ended 31 March 2015

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	7 463	-	(610)	6 853	6 817	36	99,5%	8 228	7 115
Compensation of employees	5 823	-	(210)	5 613	5 605	8	99,9%	6 173	6 168
Salaries and wages	5 023	-	(210)	4 813	4 938	(125)	102,6%	5 471	5 404
Social contributions	800	-	-	800	667	133	83,4%	702	764
Goods and services	1 640	-	(400)	1 240	1 212	28	97,7%	2 055	947
Administrative fees	5	-	-	5	-	5	-	5	-
Advertising	30	30	(30)	30	34	(4)	113,3%	60	14
Minor Assets	50	-	-	50	13	37	26,0%	70	3
Catering: Departmental activities	10	-	-	10	3	7	30,0%	5	1
Communication (G&S)	30	-	-	30	32	(2)	106,7%	30	30
Consultants: Business and advisory services	30	(20)	-	10	3	7	30,0%	30	30
Laboratory services	-	-	-	-	-	-	-	80	-
Contractors	5	-	-	5	1	4	20,0%	-	-
Agency and support / outsourced services	30	(30)	-	-	-	-	-	-	34
Fleet services (including government motor transport)	128	5	-	133	155	(22)	116,5%	160	106
Inventory: Food and food supplies	4	-	-	4	-	4	-	-	-
Consumable supplies	15	-	-	15	-	15	-	-	1
Consumable: Stationery, printing and office supplies	145	(10)	(30)	105	195	(90)	185,7%	193	33
Operating leases	60	-	(40)	20	25	(5)	125,0%	50	32
Travel and subsistence	908	25	(120)	813	750	63	92,3%	1 262	653
Training and Development	-	-	-	-	-	-	-	110	10
Operating payments	190	-	(180)	10	1	9	10,0%	-	-
Payments for capital assets	49	-	5	54	54	-	100,0%	49	41
Machinery and equipment	49	-	5	54	54	-	100,0%	49	41
Other machinery and equipment	49	-	5	54	54	-	100,0%	49	41
Total	7 512	-	(605)	6 907	6 871	36	99,5%	8 277	7 156

**Vote 16
Appropriation Statement for the year ended 31 March 2015**
6.3 Pharmaceutical Trade and Product Regulation

Economic classification	2014/15					2013/14				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Current payments	111 565	-	(6 301)	105 264	100 742	4 522	95,7%	96 724	91 177	
Compensation of employees	59 416	-	(4 550)	54 866	54 866	-	100,0%	51 422	51 412	
Salaries and wages	53 033	49	(4 550)	48 532	48 602	(70)	100,1%	45 608	45 377	
Social contributions	6 383	(49)	-	6 334	6 264	70	98,9%	5 814	6 035	
Goods and services	52 149	-	(1 751)	50 398	45 876	4 522	91,0%	45 302	39 765	
Administrative fees	678	(458)	-	220	133	87	60,5%	120	24	
Advertising	500	850	(27)	1 323	617	706	46,6%	1 008	441	
Minor Assets	365	(90)	(15)	260	267	(7)	102,7%	334	81	
Catering: Departmental activities	330	8	-	338	293	45	86,7%	440	234	
Communication (G&S)	400	150	-	550	581	(31)	105,6%	365	421	
Computer services	9 660	(6 250)	(1 709)	1 701	1 601	100	94,1%	1 608	1 346	
Consultants: Business and advisory services	25 229	2 662	-	27 891	27 189	702	97,5%	24 358	24 147	
Legal services	60	-	-	60	-	60	-	500	59	
Contractors	50	-	-	50	72	(22)	144,0%	370	149	
Agency and support / outsourced services	310	(10)	-	300	124	176	41,3%	620	130	
Entertainment	-	-	-	-	-	-	-	7	-	
Fleet services (including government motor transport)	2 822	1 043	-	3 865	4 494	(629)	116,3%	2 190	3 205	
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	1	-	
Inventory: Food and food supplies	19	-	-	19	4	15	21,1%	23	5	
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	2	
Inventory: Materials and supplies	10	(3)	-	7	-	7	-	1	2	
Inventory: Medical supplies	-	3	-	3	3	-	100,0%	-	-	
Inventory: Medicine	-	80	-	80	73	7	91,3%	75	-	
Consumable supplies	80	(30)	-	50	6	44	12,0%	42	51	
Consumable: Stationery, printing and office supplies	348	108	-	456	337	119	73,9%	825	444	
Operating leases	1 010	-	-	1 010	634	376	62,8%	830	707	
Property payments	-	-	-	-	7	(7)	-	-	-	
Travel and subsistence	7 978	2 477	-	10 455	8 550	1 905	81,8%	9 553	7 381	
Training and Development	-	-	-	-	-	-	-	150	-	
Operating payments	1 800	(50)	-	1 750	891	859	50,9%	1 382	936	
Venues and facilities	500	(490)	-	10	-	10	-	500	-	

**Vote 16
Appropriation Statement for the year ended 31 March 2015**
6.3 Pharmaceutical Trade and Product Regulation

	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Transfers and subsidies									
Households	-	-	1 060	1 060	1 059	1	99,9%	80	80
Social benefits	-	-	1 060	1 060	1 059	1	99,9%	80	80
Payments for capital assets	10 183	-	1 724	11 907	602	11 305	5,1%	1 548	1 279
Machinery and equipment	413	-	1 724	2 137	602	1 535	28,2%	1 548	1 279
Other machinery and equipment	413	-	1 724	2 137	602	1 535	28,2%	1 548	1 279
Software and other intangible assets	9 770	-	-	9 770	-	9 770	-	-	-
Payments for financial assets	-	-	27	27	26	1	96,3%	-	3
Total	121 748	-	(3 490)	118 258	102 429	15 829	86,6%	98 352	92 539

6.4 Public Entities Management

Current payments	5 303	(770)	4 533	4 441	92	3 897	98,0%	3 897	3 399
Compensation of employees	2 211	230	2 441	2 431	10	1 937	99,6%	1 937	1 933
Salaries and wages	1 911	230	2 141	2 123	18	1 489	99,2%	1 489	1 697
Social contributions	300	-	300	308	(8)	448	102,7%	448	236
Goods and services	3 092	(1 000)	2 092	2 010	82	1 960	96,1%	1 960	1 466
Advertising	520	(150)	370	380	(10)	480	102,7%	480	499
Minor Assets	-	-	-	-	-	2	-	2	-
Catering: Departmental activities	55	-	55	12	43	45	21,8%	45	32
Communication (G&S)	20	-	20	37	(17)	15	185,0%	15	13
Consultants: Business and advisory services	-	-	-	437	(437)	-	-	-	4
Legal services	300	-	300	65	235	107	21,7%	107	91
Fleet services (including government motor transport)	55	-	55	8	47	2	14,5%	2	12
Inventory: Food and food supplies	4	-	4	-	4	-	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	2	-	2	1
Consumable: Stationery, printing and office supplies	348	-	348	239	109	200	68,7%	200	197
Travel and subsistence	1 640	(850)	790	537	253	811	68,0%	811	592
Training and Development	-	-	-	198	(198)	215	-	215	-
Operating payments	150	-	150	97	53	81	64,7%	81	25

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

		2014/15						2013/14		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Transfers and subsidies		604 167	-	10 800	614 967	614 967	-	100,0%	539 773	539 773
Departmental agencies and accounts		593 300	-	8 800	602 100	602 100	-	100,0%	529 521	529 521
Departmental agencies (non-business entities)		593 300	-	8 800	602 100	602 100	-	100,0%	529 521	529 521
Non-profit institutions		10 867	-	2 000	12 867	12 867	-	100,0%	10 252	10 252
Total		609 470	-	10 030	619 500	619 408	92	100,0%	543 670	543 172
6.5 Office of Standard Compliance										
Economic classification										
Current payments		101 292	-	(27 127)	74 165	59 547	14 618	80,3%	57 387	52 311
Compensation of employees		62 323	-	(20 588)	41 735	41 502	233	99,4%	35 177	35 177
Salaries and wages		59 018	(1 597)	(20 588)	36 833	35 828	1 005	97,3%	34 198	30 697
Social contributions		3 305	1 597	-	4 902	5 674	(772)	115,7%	979	4 480
Goods and services		38 969	-	(6 539)	32 430	18 045	14 385	55,6%	22 210	17 134
Administrative fees		(10)	120	-	110	-	110	-	50	4
Advertising		175	2 013	(250)	1 938	1 228	710	63,4%	660	433
Minor Assets		1 783	(455)	(600)	728	32	696	4,4%	1 229	363
Audit costs: External		200	-	-	200	-	200	-	-	-
Catering: Departmental activities		180	(30)	-	150	129	21	86,0%	60	25
Communication (G&S)		(200)	175	1 100	1 075	597	478	55,5%	934	654
Computer services		140	40	100	280	103	177	36,8%	295	10
Consultants: Business and advisory services		17 674	(3 534)	(1 657)	12 483	6 190	6 293	49,6%	5 424	3 625
Legal services		300	(228)	-	72	-	72	-	-	-
Contractors		(80)	460	-	380	1	379	0,3%	155	1
Agency and support / outsourced services		460	(50)	(360)	50	178	(128)	356,0%	220	-
Entertainment		-	15	-	15	2	13	13,3%	10	2
Fleet services (including government motor transport)		1 580	1 370	(250)	2 700	2 371	329	87,8%	2 761	2 784
Inventory: Clothing material and accessories		-	-	100	100	13	87	13,0%	-	-

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

		2014/15						2013/14		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Food and food supplies		38	(10)	-	28	4	24	14,3%	21	5
Inventory: Fuel, oil and gas		42	-	-	42	-	42	-	10	62
Inventory: Materials and supplies		186	20	-	206	-	206	-	22	2
Inventory: Medical supplies		-	5	-	5	-	5	-	-	-
Inventory: Medicine		-	-	-	-	-	-	-	10	2
Inventory: Other supplies		-	-	-	-	-	-	-	-	1
Consumable supplies		373	(218)	100	255	25	230	9,8%	101	42
Consumable: Stationery, printing and office supplies		1 805	(430)	(472)	903	216	687	23,9%	265	203
Operating leases		(195)	1 307	(320)	792	244	548	30,8%	288	288
Property payments		-	-	-	-	26	(26)	-	50	47
Travel and subsistence		13 323	(1 010)	(3 420)	8 893	6 445	2 448	72,5%	8 662	7 683
Training and Development		55	(5)	-	50	-	50	-	-	-
Operating payments		540	445	(410)	575	43	532	7,5%	450	365
Venues and facilities		600	-	(300)	300	172	128	57,3%	533	533
Rental and hiring		-	-	100	100	26	74	26,0%	-	-
Transfers and subsidies		-	-	175	175	175	-	100,0%	11	11
Households		-	-	175	175	175	-	100,0%	11	11
Social benefits		-	-	175	175	175	-	100,0%	11	11
Payments for capital assets		757	-	6 539	7 296	385	6 911	5,3%	757	642
Machinery and equipment		757	-	3 270	4 027	308	3 719	7,6%	757	642
Other machinery and equipment		757	-	3 270	4 027	308	3 719	7,6%	757	642
Software and other intangible assets		-	-	3 269	3 269	77	3 192	2,4%	-	-
Payments for financial assets		-	-	-	-	-	-	-	-	3
Total		102 049	-	(20 413)	81 636	60 107	21 529	73,6%	58 155	52 967

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

Economic classification	2014/15						2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	50 308	-	(4 025)	46 283	40 595	5 688	87,7%	49 471	33 071
Compensation of employees	23 501	-	2 510	26 011	26 009	2	100,0%	23 812	23 811
Salaries and wages	19 936	-	2 510	22 446	22 198	248	98,9%	20 667	20 142
Social contributions	3 565	-	-	3 565	3 811	(246)	106,9%	3 145	3 669
Goods and services	26 807	-	(6 535)	20 272	14 586	5 686	72,0%	25 659	9 260
Administrative fees	40	-	-	40	-	40	-	50	-
Advertising	1 200	(940)	-	260	127	133	48,8%	1 400	-
Minor Assets	1 003	374	-	1 377	276	1 101	20,0%	410	52
Audit costs: External	600	(600)	-	-	-	-	-	401	1
Catering: Departmental activities	475	(100)	-	375	371	4	98,9%	100	42
Communication (G&S)	880	(70)	-	810	759	51	93,7%	1 052	695
Computer services	680	(323)	-	357	194	163	54,3%	1 150	786
Consultants: Business and advisory services	3 200	(1 123)	(500)	1 577	1 569	8	99,5%	1 380	670
Contractors	2 485	370	(150)	2 705	2 427	278	89,7%	4 800	1 294
Agency and support / outsourced services	980	230	(220)	990	610	380	61,6%	1 419	579
Entertainment	5	-	-	5	-	5	-	20	1
Fleet services (including government motor transport)	960	-	-	960	1 220	(260)	127,1%	700	537
Inventory: Clothing material and accessories	40	-	-	40	63	(23)	157,5%	100	8
Inventory: Food and food supplies	17	-	-	17	2	15	11,8%	30	2
Inventory: Fuel, oil and gas	40	-	-	40	10	30	25,0%	40	7
Inventory: Materials and supplies	370	339	(250)	459	4	455	0,9%	720	176
Inventory: Medical supplies	410	-	(250)	160	21	139	13,1%	390	125
Inventory: Other supplies	210	-	-	210	85	125	40,5%	700	99
Consumable supplies	610	(195)	-	415	632	(217)	152,3%	890	49
Consumable: Stationery, printing and office supplies	2 017	(60)	(500)	1 457	992	465	68,1%	1 830	731
Operating leases	800	1 491	(1 637)	654	520	134	79,5%	737	117
Property payments	260	250	-	510	231	279	45,3%	10	3
Travel and subsistence	3 815	(50)	(1 928)	1 837	1 433	404	78,0%	1 960	888
Training and Development	560	(20)	-	540	-	540	-	-	-
Operating payments	5 050	427	(1 100)	4 377	3 040	1 337	69,5%	5 270	2 398
Venues and facilities	100	-	-	100	-	100	-	100	-

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

6.6 Compensation Commissioner for Occupational Diseases and Occupational Health										
Economic classification	2014/15					2013/14				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Transfers and subsidies										
Departmental agencies and accounts	3 215	-	227	3 442	3 442	-	100,0%	3 099	3 098	
Departmental agencies (non-business entities)	3 215	-	-	3 215	3 215	-	100,0%	3 062	3 062	
Households	3 215	-	-	3 215	3 215	-	100,0%	3 062	3 062	
Social benefits	-	-	227	227	227	-	100,0%	37	36	
Payments for capital assets										
Buildings and other fixed structures	2 389	-	3 778	6 167	2 569	3 598	41,7%	2 389	269	
Buildings	-	-	1 876	1 876	536	1 340	28,6%	-	-	
Machinery and equipment	-	-	1 876	1 876	536	1 340	28,6%	-	-	
Other machinery and equipment	2 389	-	1 157	3 546	2 033	1 513	57,3%	2 389	269	
Software and other intangible assets	2 389	-	1 157	3 546	2 033	1 513	57,3%	2 389	269	
Payments for financial assets										
	-	-	745	745	-	745	-	-	-	
Total	55 912	-	20	55 912	46 626	9 286	100,0%	54 959	36 439	

**Vote 16
Appropriation Statement for the year ended 31 March 2015**

	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Payments for capital assets	2 389	-	3 778	6 167	2 569	3 598	41,7%	2 389	269
Buildings and other fixed structures	-	-	1 876	1 876	536	1 340	28,6%	-	-
Buildings	-	-	1 876	1 876	536	1 340	28,6%	-	-
Machinery and equipment	2 389	-	1 157	3 546	2 033	1 513	57,3%	2 389	269
Other machinery and equipment	2 389	-	1 157	3 546	2 033	1 513	57,3%	2 389	269
Software and other intangible assets	-	-	745	745	-	745	-	-	-
Payments for financial assets	-	-	20	20	20	-	100,0%	-	1
Total	55 912	-	-	55 912	46 626	9 286	83,4%	54 959	36 439

Vote 16**Notes of the Appropriation Statement for the year ended 31 March 2015****1. Detail of transfers and subsidies as per Appropriation Act (after Virement):**

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

2. Detail of specifically and exclusively appropriated amounts voted (after Virement):

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

3. Detail on payments for financial assets

Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

4. Explanations of material variances from Amounts Voted (after Virement):

4.1 Per Programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
Administration	397 731	386 476	11 255	97%
Invoices for legal services rendered, Department of International Relations and Cooperation were not received in time to process the payments.				
National Health Insurance, Health Planning and System Enablement	654 127	316 667	337 460	48%
Delays in negotiating additional funds for the SA Health Demographic Survey and the processes involved in appointing general practitioners in the National Health Insurance pilot districts.				
HIV & AIDS, TB, Maternal and Child Health	13 046 659	13 027 910	18 749	100%
Within 2% variance.				
Primary Health Care Services	107 155	102 355	4 800	96%
Printing of promotional material was not received from the supplier before year end. The transfer payment to the Kidney Foundation could not be done due to challenges with banking details.				
Hospitals, Tertiary Services & Human Resource Development	18 808 853	18 482 048	326 805	98%
Health Facility Infrastructure Indirect Grant was not fully utilized in the current year.				
Health Regulation and Compliance Management	886 045	839 199	46 846	95%
Delays in the set-up of an office for the new Public Entity: Office of Health Standards Compliance (both capital and current).				

Vote 16

Notes of the Appropriation Statement for the year ended 31 March 2015

4.2	Per Economic classification	Final	Actual	Variance	Variance as a % of Final
		Appropriation	Expenditure		Appropriation
		R'000	R'000	R'000	%
	Current payments:				
	Compensation of employees	608 565	608 140	425	100%
	Goods and services	1 518 871	1 054 222	464 649	69%
	Transfers and subsidies:				
	Provinces and municipalities	30 380 282	30 380 282	-	100%
	Departmental agencies and accounts	621 712	621 681	31	100%
	Higher education institutions	43 200	40 200	3 000	93%
	Foreign governments and international organisations	2 658	2 622	36	99%
	Non-profit institutions	217 147	215 383	1 764	99%
	Households	3 568	3 557	11	100%
	Payments for capital assets:				
	Buildings and other fixed structures	380 279	168 865	211 414	44%
	Machinery and equipment	109 304	58 518	50 786	54%
	Software and intangible assets	14 044	252	13 792	2%
	Payment for financial assets	940	933	7	99%

Specialised laboratory / medical / computer equipment are imported and / or are not readily available, which prolonged the procurement processes. Lengthy supply procurement processes delayed the construction and / or refurbishment of clinics and relocatable doctor consulting rooms. Printing of documents in Braille is delayed due to technical requirements. Delays in SA Demographic Health Survey due to sourcing of additional funding, negotiations and signing of service level agreements.

4.3	Per conditional grant	Final	Actual	Variance	Variance as a % of Final
		Appropriation	Expenditure		Appropriation
		R'000	R'000	R'000	R'000
	National Tertiary Services Grant	10 168 235	10 168 235	-	100%
	Comprehensive HIV/AIDS (Health) Grant	12 311 322	12 311 322	-	100%
	Hospital Revitalisation Grant – Direct	5 501 981	5 501 981	-	100%
	Health Professional Training & Development Grant	2 321 788	2 321 788	-	100%
	Health Infrastructure Grant – Indirect	604 862	292 345	312 517	48%
	Human Papilloma Virus Vaccine Grant	200 000	189 489	10 511	95%
	National Health Insurance Grant – Indirect	388 044	82 261	305 783	21%
	National Health Insurance Grant - Direct	76 956	76 956	-	100%

Health Facility Revitalisation Grant - Indirect: Contracts for building projects were signed during 2014 and resulted in the projects' progress being behind schedule. Human Papilloma Virus Vaccines Grant - Indirect: The procurement of Industrial fridges for the vaccines was delayed due to the tender processes. National Health Insurance Grant - Indirect: Slow uptake of general practitioners being contracted in the pilot districts.

Vote 16**Statement of Financial Performance for the year ended 31 March 2015**

	<i>Note</i>	2014/15 R'000	2013/14 R'000
REVENUE			
Annual appropriation	<u>1</u>	33 900 570	30 528 181
Departmental revenue	<u>2</u>	66 140	71 606
Aid assistance	<u>3</u>	1 170 219	881 517
TOTAL REVENUE		35 136 929	31 481 304
EXPENDITURE			
Current expenditure			
Compensation of employees	<u>4</u>	608 140	555 318
Goods and services	<u>5</u>	1 054 222	633 369
Aid assistance	<u>3</u>	903 478	594 937
Total current expenditure		2 565 840	1 783 624
Transfers and subsidies			
Transfers and subsidies	<u>7</u>	31 263 725	28 461 386
Aid assistance	<u>3</u>	-	-
Total transfers and subsidies		31 263 725	28 461 386
Expenditure for capital assets			
Tangible assets	<u>8</u>	261 524	214 093
Intangible assets	<u>8</u>	252	-
Total expenditure for capital assets		261 776	214 093
Payment for financial assets	<u>6</u>	933	1 711
TOTAL EXPENDITURE		34 092 274	30 460 814
SURPLUS FOR THE YEAR		1 044 655	1 020 490
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		745 915	703 084
Annual appropriation		-	-
Conditional grants		-	-
Unconditional grants		-	-
Departmental revenue and NRF Receipts	<u>13</u>	66 140	71 606
Aid assistance	<u>3</u>	232 600	245 800
SURPLUS FOR THE YEAR		1 044 655	1 020 490

Vote 16**Statement of Financial Position as at 31 March 2015**

	Notes	2014/15 R'000	2013/14 R'000
ASSETS			
Current assets		1 042 313	1 112 120
Cash and cash equivalents	<u>9</u>	895 748	861 156
Prepayments and advances	<u>10</u>	40 360	219 086
Receivables	<u>11</u>	106 205	31 878
Aid assistance prepayments	<u>3</u>	-	-
Aid assistance receivable	<u>3</u>	-	-
Non-current assets		2 490	3 860
Receivables	<u>11</u>	2 490	3 860
TOTAL ASSETS		1 044 803	1 115 980
LIABILITIES			
Current liabilities		1 043 384	1 114 360
Voted funds to be surrendered to the Revenue Fund	<u>12</u>	745 915	703 085
Departmental revenue to be surrendered to the Revenue Fund	<u>13</u>	2 555	64 859
Payables	<u>14</u>	60 570	98 298
Aid assistance repayable	<u>3</u>	233 193	246 373
Aid assistance unutilised	<u>3</u>	1 151	1 745
TOTAL LIABILITIES		1 043 384	1 114 360
NET ASSETS		1 419	1 620
Represented by:			
Recoverable revenue		1 419	1 620
TOTAL		1 419	1 620

Vote 16**Statement of change in the net assets for the year ended 31 March 2015**

	Note	2014/15 R'000	2013/14 R'000
Recoverable revenue			
Opening balance		1 620	1 752
Transfers:		(201)	(132)
Irrecoverable amounts written off		-	-
Debts revised		-	-
Debts recovered (included in departmental receipts)		(792)	(1 969)
Debts raised		591	1 837
Closing balance		1 419	1 620
TOTAL		1 419	1 620

Vote 16

Cash Flow Statement for the year ended 31 March 2015

	Notes	2014/15 R'000	2013/14 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		35 136 929	31 481 304
Annual appropriated funds received	1.1	33 900 570	30 528 181
Departmental revenue received	2	59 803	69 748
Interest received	2.2	6 337	1 858
Aid assistance received	3	1 170 219	881 517
Net (increase)/decrease in working capital		68 041	(280 384)
Surrendered to Revenue Fund		(831 529)	(165 439)
Surrendered to RDP Fund/Donor		(246 374)	(514 984)
Current payments		(2 565 840)	(1 783 624)
Payments for financial assets		(933)	(1 711)
Transfers and subsidies paid		(31 263 725)	(28 461 386)
Net cash flow available from operating activities	15	296 569	273 776
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(261 776)	(214 093)
Net cash flows from investing activities		(261 776)	(214 093)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		(201)	(132)
Increase/(decrease) in non-current payables		-	-
Net cash flows from financing activities		(201)	(132)
Net increase/(decrease) in cash and cash equivalents		34 592	59 551
Cash and cash equivalents at beginning of period		861 156	801 605
Cash and cash equivalents at end of period	16	895 748	861 156

Vote 16

Cash Flow Statement for the year ended 31 March 2015

	Notes	2014/15 R'000	2013/14 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		35 136 929	31 481 304
Annual appropriated funds received	1.1	33 900 570	30 528 181
Departmental revenue received	2	59 803	69 748
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CASH FLOWS FROM INVESTING ACTIVITIES			
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Net cash flows from investing activities		(261 776)	(214 093)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		(201)	(132)
Increase/(decrease) in non-current payables			-
Net cash flows from financing activities		(201)	(132)
Net increase/(decrease) in cash and cash equivalents		34 592	59 551
Cash and cash equivalents at beginning of period		861 156	801 605
Cash and cash equivalents at end of period	16	895 748	861 156

Vote 16**Accounting Policies for the year ended 31 March 2015**

The Financial Statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. However, where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the Financial Statements and to comply with the statutory requirements of the Public Finance Management Act, Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the Act and the Division of Revenue Act, 2014 (Act 10 of 2014).

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

1. Presentation of the Financial Statements**1.1 Basis of Preparation**

The financial statements have been prepared on a modified cash standard of accounting, except where stated otherwise. Under this basis, the effects of transactions and other events are recognised in the financial records when the resulting cash is received or paid. The "modification" results from the recognition of certain near-cash balances in the financial statements as well as the revaluation of foreign investments and loans and the recognition of resulting revaluation gains and losses.

In addition supplementary information is provided in the disclosure notes to the financial statements where it is deemed to be useful to the users of the financial statements.

1.2 Going concern

The financial statements have been prepared on a going concern basis.

1.3 Presentation Currency

All amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.

1.4 Rounding

Unless otherwise stated all financial figures have been rounded to the nearest one thousand Rand (R'000).

1.5 Current year comparison with budget

A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

1.6 Comparative Figures

Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.

1.7 Comparative Figures - Appropriation Statement

A comparison between actual amounts and final appropriation per major classification of expenditure is included in the Appropriation Statement.

2. Revenue**2.1 Appropriated Funds**

Appropriated funds comprises of departmental allocations as well as direct charges against revenue fund (i.e. statutory appropriation).

Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.

The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

2.2 Departmental Revenue

All departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the National Revenue Fund, unless stated otherwise.

Any amount owing to the National Revenue Fund at the end of the financial year is recognised as a payable in the statement of financial position.

2.3 Accrued departmental revenue

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.

2.4 Direct Exchequer Receipts

All direct exchequer receipts are recognised in the statement of financial performance when the cash is received and is subsequently paid into the National Revenue Fund, unless stated otherwise.

Any amount owing to the National Revenue Funds at the end of the financial year is recognised as a payable in the statement of financial position.

2.5 Direct Exchequer Payments

All direct exchequer payments are recognised in the statement of financial performance when final authorisation for payment is effected on the system (by no later than 31 March of each year).

3. Expenditure**3.1 Compensation of Employees****3.1.1 Salaries and Wages**

Salaries and wages are expensed in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

Other employee benefits that give rise to a present legal or constructive obligation are disclosed in the notes to the financial statements at its face value

Vote 16**Accounting Policies for the year ended 31 March 2015**

and are not recognised in the statement of financial performance or position.

Employee costs are capitalised to the cost of a capital project when an employee spends more than 50% of his/her time on the project. These payments form part of expenditure for capital assets in the statement of financial performance.

3.1.2 Social Contributions

Employer contributions to post employment benefit plans in respect of current employees are expensed in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

No provision is made for retirement benefits in the financial statements of the department. Any potential liabilities are disclosed in the financial statements of the National Revenue Fund and not in the financial statements of the employer department.

Employer contributions made by the department for certain of its ex-employees (such as medical benefits) are classified as transfers to households in the statement of financial performance.

3.2 Goods and Services

Payments made during the year for goods and/or services are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

The expense is classified as capital if the goods and/or services were acquired for a capital project or if the total purchase price exceeds the capitalisation threshold (currently R5, 000). All other expenditures are classified as current.

Rental paid for the use of buildings or other fixed structures is classified as goods and services and not as rent on land.

3.3 Interest and Rent on Land

Interest and rental payments are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). This item excludes rental for the use of buildings or other fixed structures. If it is not possible to distinguish between payment for the use of land and the fixed structures on it, the whole amount should be recorded under goods and services.

3.4 Payments for Financial Assets

Debts are written off when identified as irrecoverable. Debts written-off are limited to the amount of savings and/or under-spending of appropriated funds. The write off occurs at year-end or when funds are available. All other losses are recognised when authorisation has been granted for the recognition thereof.

3.5 Transfers and Subsidies

Transfers and subsidies are recognised as an expense when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

3.6 Unauthorised Expenditure

Unauthorised expenditure is recognised in the statement of financial position until such time as the

expenditure is either:

- approved by Parliament or the Provincial Legislature with funding and the related funds are received; or
- approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or
- transferred to receivables for recovery.

Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.

3.7 Fruitless and Wasteful Expenditure

Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.

Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.

Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

3.8 Irregular Expenditure

Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefore are provided in the note.

Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.

Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

3.9 Other expenditure

Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid to more than the capitalisation threshold.

3.10 Accrued expenditure payable

Accrued expenditure payable is recorded in the notes to the financial statements when the goods are received or, in the case of services, when they are rendered to the department. Accrued expenditure payable is measured at cost.

3.11 Leases**Operating Lease**

Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. The operating lease commitments are disclosed in the discloser notes to the financial statement.

Vote 16**Accounting Policies for the year ended 31 March 2015****Finance Lease**

Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.

The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.

Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:

- cost, being the fair value of the asset; or
- the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.

The total finance lease payment is disclosed in the disclosure notes to the financial statements.

3.12 Aid Assistance

Aids assistance is recognised as revenue when received

All in-kind aid assistance is disclosed at fair value on the date of receipt in the annexures to the Annual Financial Statements

The cash payments made during the year relating to aid assistance projects are recognised as expenditure in the statement of financial performance when final authorisation for payments is effected on the system (by no later than 31 March of each year)

The value of the assistance expensed prior to the receipt of funds is recognised as a receivable in the statement of financial position.

Inappropriately expensed amounts using aid assistance and any unutilised amounts are recognised as payables in the statement of financial position.

4. Assets**4.1 Cash and Cash Equivalents**

Cash and cash equivalents are carried in the statement of financial position at cost.

Bank overdrafts are shown separately on the face of the statement of financial position.

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

4.2 Other Financial Assets

Other financial assets are carried in the statement of financial position at cost.

4.3 Prepayments and Advances

Amounts prepaid or advanced are recognised in the statement of financial position when the payments are made and are derecognised as and when the goods/services are received or the funds are utilised.

Prepayments and advances outstanding at the end of the year are carried in the statement of financial position at cost.

4.4 Receivables

Receivables included in the statement of financial position arise from cash payments made that are recoverable from another party (including departmental employees) and are derecognised upon recovery or write-off.

Receivables outstanding at year-end are carried in the statement of financial position at cost plus any accrued interest. Amounts that are potentially irrecoverable are included in the disclosure notes.

4.5 Investments

Capitalised investments are shown at cost in the statement of financial position.

Investments are tested for an impairment loss whenever events or changes in circumstances indicate that the investment may be impaired. Any impairment loss is included in the disclosure notes.

4.6 Loans

Loans are recognised in the statement of financial position when the cash is paid to the beneficiary. Loans that are outstanding at year-end are carried in the statement of financial position at cost plus accrued interest.

Amounts that are potentially irrecoverable are included in the disclosure notes.

4.7 Impairment

The department tests for impairment where there is an indication that a receivable, loan or investment may be impaired. An assessment of whether there is an indication of possible impairment is done at each reporting date. An estimate is made for doubtful loans and receivables based on a review of all outstanding amounts at year-end. Impairments on investments are calculated as being the difference between the carrying amount and the present value of the expected future cash flows / service potential flowing from the instrument.

4.8 Inventory

Inventories that qualify for recognition must be initially reflected at cost. Where inventories are acquired at no cost, or for nominal consideration, their cost shall be their fair value at the date of acquisition.

All inventory items at year-end are reflected using the weighted average cost formula.

4.9 Capital Assets**4.9.1 Movable Capital Assets**

Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.

Where the cost of movable capital assets cannot be determined accurately, the movable capital assets are measured at fair value and where fair value cannot be determined, the movable assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) are recorded at R1.

Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Vote 16**Accounting Policies for the year ended 31 March 2015**

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the movable asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

4.9.2 Immovable Capital Assets

Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.

Where the cost of immovable capital assets cannot be determined accurately, the immovable capital assets are measured at R1 unless the fair value of the asset has been reliably estimated, in which case the fair value is used.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) are recorded as R1.

Immovable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the immovable asset is recorded by another department in which case the completed project costs are transferred to that department.

4.9.3 Intangible Assets

Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Internally generated intangible assets are recorded in the notes of the financial statements when the department commences the development phase of the project.

Where the cost of intangible assets cannot be determined accurately, the intangible capital assets are measured at fair value and where fair value cannot be determined, the intangible assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) are recorded at R1.

Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the intangible asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

5. Liabilities**5.1 Payables**

Recognised payables mainly comprise of amounts owing to other governmental entities. These payables are carried at cost in the statement of financial position.

6. Provisions and Contingents**6.1 Provisions**

Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

6.2 Contingent liabilities

Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.

6.3 Contingent assets

Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.

6.4 Commitments

Commitments are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.

6.5 Accruals

Accruals are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the notes.

6.6 Employee Benefits

Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the notes to the financial statements. These amounts are not recognised in the statement of financial performance or the statement of financial position.

7. Receivables for Departmental Revenue

Receivables for departmental revenue are disclosed in the notes to the annual financial statements. These receivables are written off when identified as irrecoverable and are disclosed separately.

8. Net Assets**8.1 Capitalisation Reserve**

The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National Revenue

Vote 16**Accounting Policies for the year ended 31 March 2015**

Fund when the underlying asset is disposed and the related funds are received.

8.2 Recoverable Revenue

Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

9. Related Party Transactions

A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions are recorded in the notes of the financial statements when the transactions are not at arm's length.

10. Key Management Personnel

Compensation paid to key management personnel including their family members where relevant, is included in the notes.

11. Public Private Partnerships

A description of the PPP arrangement, the contract fees and current and capital expenditure relating to the PPP arrangement is included in the notes.

12. Prior period errors

Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

An amount of R4 132 million was added under irregular expenditure – prior years as well as under analysis of awaiting condonement – prior year. The

reason for this was that this amount was deducted in prior years under amounts not condoned by the State Tender Board for the 2002/03 financial year. This amount was reconsidered for condonation by National Treasury.

An amount of R554 000,00 was added that relates to computer equipment, furniture and office and other machinery and equipment - major/ minor reclassifications and accruals and FMV.

13. Agent Principles

Development Bank of Southern Africa - Management of Infrastructure and Refurbishment projects; COEGA Development Corporation - Management of Infrastructure project, CPI - Payroll Administration of NHI Contracted General Practitioners and the Foundation for Professional Development - to support the contracting and performance management of general practitioners to provide preventative and clinical services on a sessional basis in public health care facilities. This has been disclosed on Note 32 of the Financial Statements.

14. Departures from the MCS requirements

Management has concluded that the financial statements present fairly the department's primary and secondary information that the department complied with all the Standards.

15. Offsetting

Assets and liabilities, revenue and expenses, have not been offset unless required or permitted by this Standard or Legislation. (AMD, Section 3.3.5).

16. Events after reporting date

Events after the reporting date are classified as adjusting events, have been accounted for in the financial statements. The events after the reporting date are classified as non adjusting events after the reporting date have been disclosed in the notes to the financial statements.

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

	2014/15			2013/14
	Final Appropriation	Actual Funds Received	Funds not requested/ not received	Appropriation received
	R'000	R'000	R'000	R'000
Administration	397 731	397 731	-	421 031
National Health Insurance, Health Planning and Systems	654 127	654 127	-	488 865
HIV and AIDS, Tuberculosis, Maternal and Child Health	13 046 659	13 046 659	-	11 042 956
Primary Health Care Services	107 155	107 155	-	99 284
Hospitals, Tertiary Health Services and Human Resource	18 808 853	18 808 853	-	17 715 830
Health Regulation and Compliance Management	886 045	886 045	-	760 215
Total	33 900 570	33 900 570	-	30 528 181

2. Departmental revenue

	Notes	2014/15 R'000	2013/14 R'000
Sales of goods and services other than capital assets	<u>2.1</u>	54 033	67 136
Interest, dividends and rent on land	<u>2.2</u>	6 337	1 858
Transactions in financial assets and liabilities	<u>2.3</u>	5 770	2 612
Total revenue collected		66 140	71 606
Less: Own revenue included in appropriation	13	-	-
Departmental revenue collected		66 140	71 606

2.1 Sales of goods and services other than capital asset

	Note	2014/15 R'000	2013/14 R'000
Sales of goods and services produced by the department	2	54 031	67 091
Sales by market establishment		154	165
Administrative fees		53 594	66 677
Other sales		283	249
Sales of scrap, waste and other used current goods		2	45
Total		54 033	67 136

2.2 Interest, dividends and rent on land

	Note	2014/15 R'000	2013/14 R'000
Interest	2	6 337	1 858
Total		6 337	1 858

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

2.3 Transactions in financial assets and liabilities

	Note	2014/15	2013/14
	2	R'000	R'000
Stale cheques written back		20	19
Other Receipts including Recoverable Revenue		5 750	2 593
Total		5 770	2 612

3. Aid assistance

	Note	2014/15	2013/14
		R'000	R'000
Opening Balance		248 118	517 302
Prior period error		-	-
As restated		248 118	517 302
Transferred from statement of financial performance	3.1	232 600	245 800
Transfers to or from retained funds		-	
Paid during the year		(246 374)	(514 984)
Closing Balance		234 344	248 118

3.1 Analysis of balance by source

	Note	2014/15	2013/14
		R'000	R'000
Aid assistance from RDP	3	232 600	248 118
Aid assistance from other sources		1 744	-
Closing balance		234 344	248 118

3.2 Analysis of balance

	Note	2014/15	2013/14
		R'000	R'000
Aid assistance unutilised	3	1 151	1 745
Aid assistance repayable		233 193	246 373
Closing balance		234 344	248 118

4. Compensation of employees

4.1 Salaries and Wages

	2014/15	2013/14
	R'000	R'000
Basic salary	417 247	384 123
Performance award	6 796	4 414
Service Based	624	326
Compensative/circumstantial	3 495	4 413
Other non-pensionable allowances	107 136	95 166
Total	535 298	488 442

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****4.2 Social contributions**

	2014/15	2013/14
	R'000	R'000
Employer contributions		
Pension	52 921	47 817
Medical	19 867	19 006
Bargaining council	54	53
Total	72 842	66 876
Total compensation of employees	608 140	555 318
Average number of employees	1 572	1 482

5. Goods and services

	<i>Notes</i>	2014/15	2013/14
		R'000	R'000
Administrative fees		740	232
Advertising		10 496	12 165
Minor assets	5.1	8 242	2 694
Bursaries (employees)		1 076	1 115
Catering		3 230	2 852
Communication		15 952	12 791
Computer services	5.2	13 852	6 579
Consultants: Business and advisory services		60 506	156 652
Infrastructure and planning services		4 286	-
Legal services		6 198	4 085
Contractors		95 287	16 855
Agency and support / outsourced services		92 362	3 673
Entertainment		18	55
Audit cost – external	5.3	27 921	30 561
Fleet services		28 512	18 532
Inventory	5.4	401 292	80 358
Consumables	5.5	20 092	23 029
Housing		-	-
Operating leases		93 582	87 106
Property payments	5.6	22 598	11 426
Rental and hiring		89	-
Travel and subsistence	5.7	86 223	87 915
Venues and facilities		6 611	10 469
Training and development		4 790	3 479
Other operating expenditure	5.8	50 267	60 746
Total		1 054 222	633 369

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

5.1 Minor assets

	<i>Note</i>	2014/15	2013/14
		R'000	R'000
Tangible assets	5	8 242	2 694
Machinery and equipment		8 242	2 694
Total		8 242	2 694

5.2 Computer services

	<i>Note</i>	2014/15	2013/14
		R'000	R'000
SITA computer services	5	964	1 508
External computer service providers		12 888	5 071
Total		13 852	6 579

5.3 Audit cost – External

	<i>Note</i>	2014/15	2013/14
		R'000	R'000
Regularity audits	5	27 921	30 561
Total		27 921	30 561

5.4 Inventory

	<i>Note</i>	2014/15	2013/14
		R'000	R'000
Clothing material and accessories	5	2 708	40
Food and food supplies		99	83
Fuel, oil and gas		1 075	1 171
Materials and supplies		282	197
Medical supplies		209 605	70 518
Medicine		177 192	476
Other supplies	5.4.1	10 331	7 873
Total		401 292	80 358

5.4.1 Other supplies

	<i>Note</i>	2014/15	2013/14
		R'000	R'000
Other	5.4	10 331	7 873
Total		10 331	7 873

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

5.5 Consumables

	Note	2014/15	2013/14
	5	R'000	R'000
Consumable supplies		1 687	649
Uniform and clothing		32	4
Household supplies		1 405	321
Building material and supplies		-	1
IT consumables		117	185
Other consumables		133	138
Stationery, printing and office supplies		18 405	22 380
Total		20 092	23 029

5.6 Property payments

	Note	2014/15	2013/14
	5	R'000	R'000
Municipal services		19 554	9 223
Property management fees		993	817
Other		2 051	1 386
Total		22 598	11 426

5.7 Travel and subsistence

	Note	2014/15	2013/14
	5	R'000	R'000
Local		56 811	66 387
Foreign		29 412	21 528
Total		86 223	87 915

5.8 Other operating expenditure

	Note	2014/15	2013/14
	5	R'000	R'000
Professional bodies, membership and subscription fees		25 986	40 281
Resettlement costs		257	901
Other		24 024	19 564
Total		50 267	60 746

6. Payments for financial assets

	Note	2014/15	2013/14
	6.1	R'000	R'000
Debts written off		933	1 711
Total		933	1 711

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****6.1 Debts written off**

	<i>Note</i>	2014/15	2013/14
	6	R'000	R'000
Costs to hold a consultative meeting		96	-
Total		96	-
Recoverable revenue written off			
Bursary debt		57	33
Tax debt		39	31
Debts written off relating to irregular expenditure		-	485
Telephone debt		77	1
Memory stick		-	1
Cellular phone debt		-	1
Salary debt		142	27
Travel and subsistence		12	-
Debts written off relating to fruitless and wasteful expenditure		114	1 132
Fraudulent transaction: BCD Connex Travel		396	-
Total		837	1 711
Total debt written off		933	1 711

7. Transfers and subsidies

		2014/15	2013/14
		R'000	R'000
	<i>Notes</i>		
Provinces and municipalities	35	30 380 282	27 686 378
Departmental agencies and accounts	<i>Annex 1A</i>	621 681	559 843
Higher education institutions	<i>Annex 1B</i>	40 200	4 000
Foreign governments and international organisations	<i>Annex 1C</i>	2 622	-
Non-profit institutions	<i>Annex 1D</i>	215 383	209 654
Households	<i>Annex 1E</i>	3 557	1 511
Total		31 263 725	28 461 386

8. Expenditure for capital assets

	<i>Notes</i>	2014/15	2013/14
		R'000	R'000
Tangible assets		261 524	214 093
Buildings and other fixed structures	31	168 864	113 726
Machinery and equipment	29	92 660	100 367
Intangible assets		252	-
Software	30	252	-
Total		261 776	214 093

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

8.1 Analysis of funds utilised to acquire capital assets – 2014/15

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	227 383	34 141	261 524
Buildings and other fixed structures	168 864	-	168 864
Machinery and equipment	58 519	34 141	92 660
Intangible Assets	252	-	252
Software	252	-	252
Total	227 635	34 141	261 776

8.2 Analysis of funds utilised to acquire capital assets – 2013/14

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	173 313	40 780	214 093
Buildings and other fixed structures	113 726	-	113 726
Machinery and equipment	59 587	40 780	100 367
Total	173 313	40 780	214 093

9. Cash and cash equivalents

	2014/15 R'000	2013/14 R'000
Consolidated Paymaster General Account	894 337	793 044
Cash receipts	-	-
Disbursements	-	-
Cash on hand	1 411	68 112
Investments (Domestic)	-	-
Investments (Foreign)	-	-
Total	895 748	861 156

10. Prepayments and advances

	Note	2014/15 R'000	2013/14 R'000
Travel and subsistence		228	554
Prepayments		3	196 517
Advances paid	10.1	40 129	22 015
Total		40 360	219 086

10.1 Advances paid

	Note	2014/15 R'000	2013/14 R'000
National departments	Annex 7A	7 284	21 015
Provincial departments	Annex 7A	3 829	-
Public entities	Annex 7A	13 072	-
Other entities	Annex 7A	15 944	1 000
Total		40 129	22 015

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

11. Receivables

	Notes	2014/15			2013/14	
		R'000	R'000	R'000	R'000	R'000
		Less than one year	One to three years	Older than three years	Total	Total
Claims recoverable	11.1 Annexure 3	105 730	-	15	105 745	32 561
Recoverable expenditure	11.2	(31)	-	-	(31)	216
Staff debt	11.3	370	167	268	805	768
Fruitless and wasteful expenditure	11.5	9	-	-	9	17
Other debtors	11.4	127	1 102	938	2 167	2 176
Total		106 205	1 269	1 221	108 695	35 738

11.1 Claims recoverable

	Note	2014/15	2013/14
	11	R'000	R'000
National departments		97	737
Provincial departments		8 823	543
Foreign governments		-	4 734
Public entities		96 740	26 547
Higher education institutions		85	-
Total		105 745	32 561

11.2 Recoverable expenditure (disallowance accounts)

	Note	2014/15	2013/14
	11	R'000	R'000
Salary debt		3	(253)
Dishonoured cheques		-	3
Damages/Losses		-	466
Salary disallowance		(34)	-
Total		(31)	216

11.3 Staff debt

	Note	2014/15	2013/14
	11	R'000	R'000
Bursary debt		256	420
Salary over payments		11	63
Loss/damage to State Property		28	62
Fruitless and wasteful expenditure		(9)	-
Other		519	223
Total		805	768

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****11.4 Other debtors**

	<i>Note</i>	2014/15	2013/14
	<i>11</i>	R'000	R'000
Schedule 9 medication		60	54
Laboratory tests		1	2
Other debtors		133	198
Ex-employees		1 973	1 922
Total		2 167	2 176

11.5 Fruitless and wasteful expenditure

	<i>Note</i>	2014/15	2013/14
	<i>11</i>	R'000	R'000
Opening balance		17	-
Less amounts recovered		(8)	(20)
Less amounts written off		-	-
Transfers from note 24 Fruitless and Wasteful Expenditure		-	37
Interest		-	-
Total		9	17

11.6 Impairment of receivables

	2014/15	2013/14
	R'000	R'000
Estimate of impairment of receivables	1 206	1 488
Total	1 206	1 488

The impairment of the receivables is calculated on the basis of debt older than three years.

12. Voted funds to be surrendered to the Revenue Fund

	<i>Note</i>	2014/15	2013/14
		R'000	R'000
Opening balance		703 085	207 348
Prior period error		-	(49 027)
As restated		703 085	158 321
Transfer from statement of financial performance (as restated)		745 915	703 084
Voted funds not requested/not received	<i>1.1</i>	-	-
Paid during the year		(703 085)	(158 320)
Closing balance		745 915	703 085

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	2014/15	2013/14
	R'000	R'000
Opening balance	64 859	372
Prior period error	-	-
As restated	64 859	372
Transfer from Statement of Financial Performance (as restated)	66 140	71 606
Paid during the year	(128 444)	(7 119)
Closing balance	2 555	64 859

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****14. Payables – current**

	<i>Notes</i>	2014/15	2013/14
		R'000	R'000
Advances received	14.1	58 177	95 273
Clearing accounts	14.2	2 393	3 025
Total		60 570	98 298

14.1 Advances received

	<i>Note</i>	2014/15	2013/14
		R'000	R'000
National departments	<i>Annex 7B</i>	-	1 640
Provincial departments	<i>Annex 7B</i>	38 407	54 907
Public entities	<i>Annex 7B</i>	19 770	-
Other institutions	<i>Annex 7B</i>	-	38 726
Total		58 177	95 273

14.2 Clearing accounts

	<i>Note</i>	2014/15	2013/14
		R'000	R'000
Income tax	14	2 053	2 518
Pension fund		340	502
Housing (Commercial banks)		-	5
Total		2 393	3 025

15. Net cash flow available from operating activities

	2014/15	2013/14
	R'000	R'000
Net surplus/(deficit) as per Statement of Financial Performance	1 044 655	1 020 490
Add back non cash/cash movements not deemed operating activities	(748 086)	(746 714)
(Increase)/decrease in receivables – current	(72 957)	(12 956)
(Increase)/decrease in prepayments and advances	178 726	(143 544)
Increase/(decrease) in payables – current	(37 728)	(74 857)
Expenditure on capital assets	261 776	214 093
Surrenders to Revenue Fund	(831 529)	(165 439)
Surrenders to RDP Fund/Donor	(246 374)	(514 984)
Other non-cash items	-	(49 027)
Net cash flow generated by operating activities	296 569	273 776

16. Reconciliation of cash and cash equivalents for cash flow purposes

	2014/15	2013/14
	R'000	R'000
Consolidated Paymaster General account	894 337	793 044
Cash on hand	1 411	68 112
Total	895 748	861 156

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

17. Contingent liabilities and contingent assets

17.1 Contingent liabilities

		Note	2014/15 R'000	2013/14 R'000
Liable to	Nature			
Housing loan guarantees	Employees	Annexure 2A	192	455
Claims against the department		Annexure 2B	2 123	19 160
Intergovernmental payables (unconfirmed balances)		Annexure 4	-	119
Total			2 315	19 734

18. Commitments

	2014/15 R'000	2013/14 R'000
Current expenditure	600 428	566 302
Approved and contracted	31 585	178 917
Approved but not yet contracted	568 843	387 385
Capital expenditure	296 654	225 597
Approved and contracted	158 002	209 787
Approved but not yet contracted	138 652	15 810
Total Commitments	897 082	791 899

19. Accruals and payables not recognised

	2014/15 R'000			2013/14 R'000
Listed by economic classification			Total	Total
Other	30 Days 182	30+ Days 267	449	-
Goods and services	49 561	56 870	106 431	89 090
Capital assets	12 240	52	12 292	35 900
Total	61 983	57 189	119 172	124 990

Vote 16

Disclosure Notes to the Annual Financial Statements for the year ended 31 March 2015

		2014/15	2013/14
		R'000	R'000
Listed by programme level			
Administration		54 560	26 940
Health Planning and System Enablement		12 369	5 149
HIV & AIDS, TB, Maternal Child and Women's Health		1 955	7 284
Primary Health Care Services		2 002	7 213
Hospital Tertiary Services, Workforce Development		43 692	75 187
Health Regulation & Compliance		4 594	3 217
Total		119 172	124 990
	<i>Note</i>	2014/15	2013/14
		R'000	R'000
Confirmed balances with other departments	<i>Annexure 4</i>	38 407	52 534
Total		38 407	52 534

20. Employee benefits

	2014/15	2013/14
	R'000	R'000
Leave entitlement	26 345	27 013
Service bonus (Thirteenth cheque)	17 256	15 146
Performance awards	1 199	466
Capped leave commitments	17 650	17 606
Total	62 450	60 231

Included in the leave entitlement is an amount of R1 218 466 for negative leave credits.

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****21. Lease commitments****21.1 Operating leases expenditure**

2014/15	Buildings and other	Machinery and	Total
	fixed structures	equipment	
	R'000	R'000	R'000
Not later than 1 year	101 009	2 131	103 140
Later than 1 year and not later than 5 years	386 613	2 101	388 714
Later than five years	54 175	-	54 175
Total lease commitments	541 797	4 232	546 029

2013/14	Buildings and other	Machinery and	Total
	fixed structures	equipment	
	R'000	R'000	R'000
Not later than 1 year	77 934	1 649	79 583
Later than 1 year and not later than 5 years	373 516	1 113	374 629
Later than five years	156 392	-	156 392
Total lease commitments	607 842	2 762	610 604

22. Accrued departmental revenue

	Note	2014/15	2013/14
		R'000	R'000
Sales of goods and services other than capital assets	22.1	1	5
Interest, dividends and rent on land		672	2 903
Total		673	2 908

22.1 Analysis of accrued departmental revenue

	Note	2014/15	2013/14
		R'000	R'000
Opening balance	22	2 908	281
Less: amounts received		5 045	4
Add: amounts recognised		2 810	2 631
Closing balance		673	2 908

Vote 16**Disclosure Notes to the Annual Financial Statements for the year ended 31 March 2015****23. Irregular expenditure****23.1 Reconciliation of irregular expenditure**

	2014/15	2013/14
	R'000	R'000
Opening balance	30 726	30 451
Prior period error	-	4 132
As restated	<u>30 726</u>	<u>34 583</u>
Add: Irregular expenditure – relating to current year	394 201	188
Less: Prior year amounts condoned	(18 939)	(4 045)
Less: Amounts recovered (not condoned)	(391 000)	-
Closing balance	<u>14 988</u>	<u>30 726</u>

Analysis of awaiting condonation per age classification

Current year	2 798	188
Prior years	12 190	30 538
Total	<u>14 988</u>	<u>30 726</u>

- An amount of R4 132 million was added under irregular expenditure – prior years as well as under analysis of awaiting condonation – prior year. The reason for this was that this amount was deducted in prior years under amounts not condoned by the State Tender Board for the 2002/03 financial year. This amount was reconsidered for condonation by National Treasury.
- A further possible irregular expenditure relating to a contract awarded by the implementing agent (COEGA) for the construction of Sakhela Clinic and Staff Accommodation as well as (DBSA) for the construction of doctor's consulting rooms is still under investigation.
- In terms of the DORA payment schedule the National Department of Health (NDOH) transfers funds to Provincial Departments of Health (PDOH). The National Health Laboratory Services (NHLS) notified the NDOH of their intention to close a number of Laboratories should payment not be received from defaulting PDOH. Gauteng and KwaZulu/Natal (KZN) Provincial Departments had not paid the NHLS for services rendered on the HIV and Aids Grant. The NDOH notified Parliament, National Treasury and the Auditor-General of its intention to withhold funds from the two Provinces and to transfer the funds directly to the NHLS i.e. Gauteng – R110 million and KZN – R281 million. Despite this consultation the National Treasury directed that this amount be disclosed as Irregular Expenditure, but due to the fact that the NDOH took the necessary steps to recover the full amounts from the NHLS prior to financial year end, the amount of R391 million be reflected as amounts recovered (not condoned). This payment was done to mitigate the risk of Laboratories closing down and to address the associated public health risk.

23.2 Details of irregular expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings (condoning authority)	2014/15
		R'000
Printing of Ebola Pamphlets: Approval not obtained before procurement process concluded	Under investigation	2 798
Infrastructure : Procurement process not followed	Subsequently condoned	403
Transfers not done in accordance with DORA	Recovered	391 000
Total		<u>394 201</u>

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****23.3 Details of irregular expenditure condoned**

Incident	Condoned by (condoning authority)	2014/15 R'000
Obtaining three quotations without confirming validity	Director-General	187
Lesbian, gay, bi-sexual, transgendered and inter sexed consultative planning meeting	Director-General	96
Laboratory services		1 501
Professional Consultants	National Treasury	4 132
Nursing Summit – Competitive bidding process not followed	National Treasury	845
Purchase of Condoms – Company blacklisted	National Treasury	10 296
Payments made not according to timesheets	National Treasury	545
SA Clinical Trial Register	National Treasury	855
Presidential Launch of the HIV Counselling and Testing Campaign	National Treasury	79
Infrastructure : Procurement process not followed	National Treasury	403
Total		18 939

23.4 Details of irregular expenditure recoverable (not condoned)

Incident	2014/15 R'000
Transfers not done in accordance with DORA	391 000
Total	391 000

23.5 Details of irregular expenditures under investigation

Incident	2014/15 R'000
Malaria Day Event	800
Appointment of Consultants	3 397
World Aids Day – Deviation from Procurement Procedures	2 676
Procurement of Non Profit Volunteers for the 2010 FIFA World Cup	1 963
2010 World TB Day	1 990
Procurement Procedures not followed – to appoint a consulting firm	613
Presidential Launch of the HIV Counselling and Testing Campaign	751
Printing of Ebola pamphlets	2 798
Total	14 988

23.6 Prior period error

	<i>Note</i>	2013/14 R'000
Nature of prior period error		
Professional Consultants relating to 2002/03	23.1	4 132
Total		4 132

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****24. Fruitless and wasteful expenditure****24.1 Reconciliation of fruitless and wasteful expenditure**

	<i>Note</i>	2014/15	2013/14
		R'000	R'000
Opening balance		6 118	7 267
As restated		6 118	7 267
Fruitless and wasteful expenditure – relating to prior year		-	30
Fruitless and wasteful expenditure – relating to current year		188	13
Less: Amounts resolved		(114)	(1 155)
Less: Amounts transferred to receivables for recovery	11.5	(9)	(37)
Fruitless and wasteful expenditure awaiting resolution		6 183	6 118

24.2 Analysis of awaiting resolution per economic classification

	2014/15	2013/14
	R'000	R'000
Current	6 183	6 118
Capital	-	-
Transfers and subsidies	-	-
Total	6 183	6 118

24.3 Analysis of Current year's fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2014/15
		R'000
Telkom: Account: Telephone and data lines	Under investigation	186
Catering Services	Under investigation	2
Total		188

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****25. Related party transactions**

The following entities fall under the Minister of Health's portfolio: Medical Research Council, National Health Laboratory Services, Council for Medical Schemes and Compensation Commissioner for Occupational Diseases. Transfer payments made to the related parties are disclosed in Annexure 1A, as no other transactions were concluded between the Department and the relevant entities during the 2014/15 financial year.

26. Key management personnel

	No. of Individuals	2014/15 R'000	2013/14 R'000
Political office bearers (provide detail below)	3	4 030	3 882
Officials:			
Level 15 to 16	21	25 066	21 013
Level 14 (incl. CFO if at a lower level)	32	31 181	26 806
Family members of key management personnel	1	861	541
Total		61 138	52 242

The Minister's salary was R2 342 643.87 and that of the Deputy Minister, Dr G Ramakgopa whose last working day was 26 May 2014 was R433 708.71 and the salary of Dr Phaala was R1 253 271.27. The Department is transacting with Kopano Leshira Enterprise and a member of the company is related to a member of Key Management Personnel.

27. Public Private Partnership

The Health Sector Public Private Partnership (PPP) Programme was finalising the feasibility studies for seven PPP projects registered with the National Treasury.

The feasibility studies for Chris Hani Baragwanath and Limpopo Academic Hospitals were completed. A review undertaken by the Department found the cost of the current PPP model to be unaffordable.

Status of projects as of 31 March 2015.

Name of PPP	Status per AFS 2013-14	Status per AFS 2014-15	Comments
Chris Hani Baragwanath hospital for reconstruction revitalization and upgrading Gauteng	Feasibility	Feasibility completed	Feasibility study completed and reviewed. Alternative model investigated and being considered
New Limpopo Academic Hospital- Limpopo	Feasibility	Feasibility completed	Feasibility study completed awaiting finalisation of the alternative model
Tygerberg Hospital Redevelopment – Western Cape	Inception	Feasibility	Transactional advisors finalised the needs analysis and presented the options analysis
Replacement/ Refurbishment of King Edward VIII Hospital – KwaZulu-Natal	Feasibility	Feasibility	Awaiting finalisation of the alternative model
Nelson Mandela Academic Hospital Eastern Cape	Feasibility	Feasibility	Awaiting finalisation of the alternative model
Dr George Mukhari Academic Hospital Gauteng	Feasibility	Feasibility	Awaiting finalisation of the alternative model to be recommended on the way forward
Tertiary Hospital – Mpumalanga	Inception	Inception	Awaiting finalisation of the alternative model on the way forward

Biovac PPP

The PPP agreement with Biovac Institute is still in effect until 2016. The agreement mandates the institute to source and supply EPI vaccines of good quality at competitive prices to the provincial health departments. The Department of Health shareholding of 35% (R43 918 089,00) in the company (Biovac) was transferred to the Department of Science and Technology with effect from 20 August 2014.

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2015
28. Provisions

	Note	2014/15 R'000	2013/14 R'000
Long Service Awards	28.1	409	533
Total		409	533

28.1 Reconciliation of movement in provisions – 2014/15

	Long Service Awards R'000	Total Provisions R'000
Opening balance	533	533
Increase in provision	409	409
Amount used	(533)	(533)
Closing Balance	409	409

28.2 Reconciliation of movement in provisions – 2013/14

	Long Service Awards R'000	Total Provisions R'000
Opening balance	-	-
Increase in provision	533	533
Amount used	-	-
Closing Balance	533	533

29. Movable Tangible Capital Assets
MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
MACHINERY AND EQUIPMENT	217 113	59 455	57 384	219 184
Transport assets	2 784	-	-	2 784
Computer equipment	95 195	4 440	29 271	70 364
Furniture and office equipment	9 334	3 190	-	12 524
Other machinery and equipment	109 800	51 825	28 113	133 512
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	217 113	59 455	57 384	219 184

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

29.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	58 519			936	59 455
Computer equipment	4 416	-	-	24	4 440
Furniture and office equipment	3 138	-	-	52	3 190
Other machinery and equipment	50 965	-	-	860	51 825
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	58 519	-	-	936	59 455

29.2 Disposals

DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	-	57 384	57 384	
Furniture and Office Equipment	-	29 271	29 271	-
Other machinery and equipment	-	28 113	28 113	-
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	-	57 384	57 384	-

29.3 Movement for 2013/14

MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2014

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	167 482	8 771	59 799	18 939	217 113
Transport assets	2 784	-	-	-	2 784
Computer equipment	63 105	3 559	37 123	8 592	95 195
Furniture and office equipment	6 107	(330)	4 080	523	9 334
Other machinery and equipment	95 486	5 542	18 596	9 824	109 800
TOTAL MOVABLE TANGIBLE ASSETS	167 482	8 771	59 799	18 939	217 113

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2015
29.3.1 Prior period error

	<i>Note</i>	2013/14
	28.3	R'000
Nature of prior period error		
Relating to 2013/14		1 043
Adjustments to prior year error made to computer equipment, furniture and office and other machinery and equipment/ major/minor reclassifications and accruals and FMV		1 043
Relating to 2012/13		7 728
Adjustments to prior year error made to computer equipment, furniture and office and other machinery and equipment/ major/minor reclassifications and accruals		7 728
Total		8 771

29.4 Minor assets
MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2015

	Machinery and equipment R'000	Total R'000
Opening balance	30 725	30 725
Additions	8 242	8 242
Disposals	5 100	5 100
TOTAL MINOR ASSETS	33 867	33 867

	Machinery and equipment	Total
Number of R1 minor assets	257	257
Number of minor assets at cost	27 324	27 324
TOTAL NUMBER OF MINOR ASSETS	27 581	27 581

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2014

	Machinery and equipment	Total
	R'000	R'000
Opening balance	37 172	37 172
Prior period error	(1 253)	(1 253)
Additions	2 697	2 697
Disposals	7 891	7 891
TOTAL MINOR ASSETS	30 725	30 725

	Machinery and equipment	Total
Number of R1 minor assets	247	247
Number of minor assets at cost	23 706	23 706
TOTAL NUMBER OF MINOR ASSETS	23 953	23 953

29.4.1 Prior period error

Note
28.4

2013/14
R'000

Nature of prior period error

Relating to 2013/14

Adjustments to prior year error made to computer equipment, furniture and office and other machinery and equipment/ major/minor reclassifications and accruals and FMV

(764)

	(764)
--	-------

Relating to 2012/13

Adjustments to prior year error made to computer equipment, furniture and office and other machinery and equipment/ major/minor reclassifications and accruals

(489)

	(489)
--	-------

Total

(1 253)

	(1 253)
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Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

30. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000
SOFTWARE	41 827	252	-	42 079
TOTAL INTANGIBLE CAPITAL ASSETS	41 827	252	-	42 079

30.1 Additions

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Cash	Non-Cash	(Develop-ment work in progress – current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	252	-	-	-	252
TOTAL INTANGIBLE CAPITAL ASSETS	252	-	-	-	252

30.2 Movement for 2013/14

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2014

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	41 827	-	-	-	41 827
TOTAL INTANGIBLE CAPITAL ASSETS	41 827	-	-	-	41 827

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

31. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	137 789	-	137 789
Dwellings	-	-	-	-
Non-residential buildings	-	-	-	-
Other fixed structures	-	137 789	-	137 789
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	-	137 789	-	137 789

31.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Cash R'000	Non-Cash R'000	(Capital Work in Progress current costs and finance lease payments) R'000	Received current, not paid (Paid current year, received prior year) R'000	Total R'000
BUILDING AND OTHER FIXED STRUCTURES	168 864	113 726	(144 801)	-	137 789
Other fixed structures	168 864	113 726	(144 801)	-	137 789
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	168 864	113 726	(144 801)	-	137 789

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****32. Agent-principal arrangements****32.1 Department acting as the principal**

	2014/15	2013/14
	R'000	R'000
Development Bank of SA	21 782	329 349
COEGA Development Corporation	21 235	8 310
CPI	48 746	2 342
Foundation for Professional Development	27 935	-
Total	119 698	340 001

Development Bank of Southern Africa – Management of Infrastructure and Refurbishment projects.
 COEGA Development Corporation – Management of Infrastructure project.
 CPI – Payroll Administration of NHI Contracted General Practitioners; and
 Foundation for Professional Development – To support the contracting and performance management of general practitioners to provide preventative and clinical services on a sessional basis in public health care.

33. Prior period errors**33.1 Correction of prior period errors**

	<i>Notes</i>	2013/14
		R'000
Assets		
Adjustments to prior year error made to computer equipment, furniture and office and other machinery and equipment – major/minor reclassifications and accruals and FMV	29.3.1	1 043
Adjustments to prior year error made to computer equipment, furniture and office and other machinery and equipment - major/minor reclassifications and accruals.	29.4.1	(489)
Net effect		554

Vote 16
Disclosure Notes to the Annual Financial Statements for the year ended 31 March 2015

34. STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF PROVINCE / GRANT	GRANT ALLOCATION					SPENT				2013/14	
	Division of Revenue Act	Roll Over	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (overspending)	% of available funds spent by department	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Health Facility Revitalisation Grant	979 862	-	(375 000)	-	604 862	604 862	292 345	312 517	48%	440 025	182 692
National Health Insurance	395 000	-	(6 956)	-	388 044	388 044	82 261	305 783	21%	288 547	8 458
HPV Vaccine	200 000	-	-	-	200 000	200 000	189 489	10 511	95%	-	-
CHAN 2013	-	-	-	-	-	-	-	-	-	6 000	4 561
	1 574 862	-	(381 956)	-	1 192 906	1 192 906	564 095	628 811		734 572	195 711

Vote 16
Disclosure Notes to the Annual Financial Statements for the year ended 31 March 2015
35. STATEMENT OF CONDITIONAL GRANTS PAID TO THE PROVINCES

NAME OF PROVINCE/ GRANT	GRANT ALLOCATION				TRANSFER			SPENT		2013/14 Division of Revenue Act R'000	
	Division of Revenue Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Funds Withheld R'000	Re-allocations by National Treasury or National Department %	Amount received by department R'000	Amount spent by department R'000		% of available funds spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000		%
Summary by province											
Eastern Cape	3 041 349	-	-	3 041 349	3 041 349	-	-	3 041 349	2 980 522	98%	2 773 119
Free State	2 343 498	-	18 000	2 361 498	2 361 498	-	-	2 361 498	2 479 902	105%	2 274 588
Gauteng	7 615 616	-	-	7 615 616	7 615 616	-	-	7 615 616	7 646 568	100%	7 105 499
KwaZulu/Natal	6 223 725	-	200 000	6 423 725	6 423 725	-	-	6 423 725	6 427 807	100%	5 426 296
Limpopo	1 891 938	-	-	1 891 938	1 891 938	-	-	1 891 938	1 879 735	99%	1 738 795
Mpumalanga	1 361 749	-	-	1 361 749	1 361 749	-	-	1 361 749	1 282 750	94%	1 160 935
Northern Cape	1 146 641	-	30 000	1 176 641	1 176 641	-	-	1 176 641	1 121 721	95%	1 140 720
North West	1 771 909	-	14 000	1 785 909	1 785 909	-	-	1 785 909	1 779 367	100%	1 649 409
Western Cape	4 714 901	-	6 956	4 721 857	4 721 857	-	-	4 721 857	4 698 581	100%	4 417 017
	30 111 326	-	268 956	30 380 282	30 380 282	-	-	30 380 282	30 296 953		27 686 378
Summary by grant											
National Tertiary Services	10 168 235	-	-	10 168 235	10 168 235	-	-	10 168 235	10 133 029	100%	9 620 357
Comprehensive HIV and AIDS	12 311 322	-	-	12 311 322	12 311 322	-	-	12 311 322	12 244 548	99%	10 533 886
Hospital Revitalisation	5 239 981	-	262 000	5 501 981	5 501 981	-	-	5 501 981	5 532 643	101%	3 751 933
Professional Training and Development	2 321 788	-	-	2 321 788	2 321 788	-	-	2 321 788	2 323 128	100%	2 190 366
Health Infrastructure	-	-	-	-	-	-	-	-	-	-	1 462 908
National Health Insur- ance	70 000	-	6 956	76 956	76 956	-	-	76 956	63 605	83%	50 953
Nursing College and School	-	-	-	-	-	-	-	-	-	-	75 975
	30 111 326	-	268 956	30 380 282	30 380 282	-	-	30 380 282	30 296 953		27 686 378

Vote 16
 Disclosure Notes to the Annual Financial Statements for the year ended 31 March 2015

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER				SPENT		2013/14	
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by department	Amount spent by department	% of available funds spent by department	Division of Revenue Act	R'000
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000	R'000
1. National Tertiary Services												
Eastern Cape	786 007	-	-	786 007	786 007	-	-	786 007	758 755	97%	743 621	743 621
Free State	898 091	-	-	898 091	898 091	-	-	898 091	898 036	100%	849 661	849 661
Gauteng	3 493 891	-	-	3 493 891	3 493 891	-	-	3 493 891	3 493 853	100%	3 305 931	3 305 931
KwaZulu/Natal	1 496 427	-	-	1 496 427	1 496 427	-	-	1 496 427	1 496 407	100%	1 415 731	1 415 731
Limpopo	323 158	-	-	323 158	323 158	-	-	323 158	330 568	102%	305 732	305 732
Mpumalanga	97 116	-	-	97 116	97 116	-	-	97 116	93 833	97%	91 879	91 879
Northern Cape	298 727	-	-	298 727	298 727	-	-	298 727	291 526	98%	282 618	282 618
North West	237 264	-	-	237 264	237 264	-	-	237 264	232 497	98%	224 470	224 470
Western Cape	2 537 554	-	-	2 537 554	2 537 554	-	-	2 537 554	2 537 554	100%	2 400 714	2 400 714
	10 168 235	-	-	10 168 235	10 168 235	-	-	10 168 235	10 133 029		9 620 357	9 620 357
2. Comprehensive HIV and AIDS												
Eastern Cape	1 449 237	-	-	1 449 237	1 449 237	-	-	1 449 237	1 431 296	99%	1 273 296	1 273 296
Free State	843 026	-	-	843 026	843 026	-	-	843 026	847 635	101%	742 984	742 984
Gauteng	2 632 578	-	-	2 632 578	2 632 578	-	-	2 632 578	2 583 230	98%	2 258 483	2 258 483
KwaZulu/Natal	3 257 992	-	-	3 257 992	3 257 992	-	-	3 257 992	3 257 968	100%	2 652 072	2 652 072
Limpopo	978 132	-	-	978 132	978 132	-	-	978 132	962 845	96%	861 143	861 143
Mpumalanga	818 836	-	-	818 836	818 836	-	-	818 836	818 839	100%	690 591	690 591
Northern Cape	342 789	-	-	342 789	342 789	-	-	342 789	354 004	103%	302 468	302 468
North West	936 938	-	-	936 938	936 938	-	-	936 938	936 938	100%	825 302	825 302
Western Cape	1 051 794	-	-	1 051 794	1 051 794	-	-	1 051 794	1 051 793	100%	927 547	927 547
	12 311 322	-	-	12 311 322	12 311 322	-	-	12 311 322	12 244 548		10 533 886	10 533 886

**Vote 16
Disclosure Notes to the Annual Financial Statements for the year ended 31 March 2015**

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT			2013/14	
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by department	Amount spent by department	% of available funds spent by department	Division of Revenue Act	R'000
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000	R'000
3. Hospital Revitalisation												
Eastern Cape	599 231	-	-	599 231	599 231	-	-	599 231	587 426	98%		336 719
Free State	448 962	-	18 000	466 962	466 962	-	-	466 962	580 853	124%		469 470
Gauteng	671 033	-	-	671 033	671 033	-	-	671 033	752 711	112%		677 371
KwaZulu/Natal	1 162 469	-	200 000	1 362 469	1 362 469	-	-	1 362 469	1 362 469	100%		560 104
Limpopo	467 442	-	-	467 442	467 442	-	-	467 442	462 938	99%		230 211
Mpumalanga	343 509	-	-	343 509	343 509	-	-	343 509	271 516	79%		225 000
Northern Cape	421 428	-	30 000	451 428	451 428	-	-	451 428	395 519	88%		331 274
North West	486 121	-	14 000	500 121	500 121	-	-	500 121	499 456	100%		428 258
Western Cape	639 786	-	-	639 786	639 786	-	-	639 786	619 755	97%		493 526
	5 239 981	-	262 000	5 501 981	5 501 981	-	-	5 501 981	5 532 643			3 751 933
4. Professional Training and Development												
Eastern Cape	199 874	-	-	199 874	199 874	-	-	199 874	201 226	101%		188 560
Free State	146 419	-	-	146 419	146 419	-	-	146 419	146 419	100%		138 131
Gauteng	811 114	-	-	811 114	811 114	-	-	811 114	811 114	100%		765 202
KwaZulu/Natal	292 837	-	-	292 837	292 837	-	-	292 837	292 837	100%		276 262
Limpopo	116 206	-	-	116 206	116 206	-	-	116 206	116 206	100%		109 628
Mpumalanga	95 288	-	-	95 288	95 288	-	-	95 288	95 276	100%		89 894
Northern Cape	76 697	-	-	76 697	76 697	-	-	76 697	76 697	100%		72 356
North West	104 586	-	-	104 586	104 586	-	-	104 586	104 586	100%		98 666
Western Cape	478 767	-	-	478 767	478 767	-	-	478 767	478 767	100%		451 667
	2 321 788	-	-	2 321 788	2 321 788	-	-	2 321 788	2 323 128			2 190 366

**Vote 16
Disclosure Notes to the Annual Financial Statements for the year ended 31 March 2015**

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT			2013/14
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by department	Amount spent by department	% of available funds spent by department	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
5. Health Infrastructure Component											
Eastern Cape	-	-	-	-	-	-	-	-	-	-	216 816
Free State	-	-	-	-	-	-	-	-	-	-	67 250
Gauteng	-	-	-	-	-	-	-	-	-	-	86 816
KwaZulu/Natal	-	-	-	-	-	-	-	-	-	-	484 031
Limpopo	-	-	-	-	-	-	-	-	-	-	211 961
Mpumalanga	-	-	-	-	-	-	-	-	-	-	58 721
Northern Cape	-	-	-	-	-	-	-	-	-	-	147 154
North West	-	-	-	-	-	-	-	-	-	-	67 863
Western Cape	-	-	-	-	-	-	-	-	-	-	122 296
	-	-	-	-	-	-	-	-	-	-	1 462 908
6. National Health Insurance											
Eastern Cape	7 000	-	-	7 000	7 000	-	-	7 000	1 819	26%	4 850
Free State	7 000	-	-	7 000	7 000	-	-	7 000	6 959	99%	4 850
Gauteng	7 000	-	-	7 000	7 000	-	-	7 000	5 660	81%	4 850
KwaZulu/Natal	14 000	-	-	14 000	14 000	-	-	14 000	18 126	129%	9 700
Limpopo	7 000	-	-	7 000	7 000	-	-	7 000	7 178	103%	4 850
Mpumalanga	7 000	-	-	7 000	7 000	-	-	7 000	3 286	47%	4 850
Northern Cape	7 000	-	-	7 000	7 000	-	-	7 000	3 975	57%	4 850
North West	7 000	-	-	7 000	7 000	-	-	7 000	5 890	84%	4 850
Western Cape	7 000	-	6 956	13 956	13 956	-	-	13 956	10 712	77%	7 303
	70 000		6 956	76 956	76 956			76 956	63 605		50 953

**Vote 16
Disclosure Notes to the Annual Financial Statements for the year ended 31 March 2015**

NAME OF PROVINCE / GRANT	GRANT ALLOCATION			TRANSFER			SPENT			2013/14	
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by department	Amount spent by department	% of available funds spent by department	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
7. Nursing College and School											
Eastern Cape	-	-	-	-	-	-	-	-	-	-	9 257
Free State	-	-	-	-	-	-	-	-	-	-	2 242
Gauteng	-	-	-	-	-	-	-	-	-	-	6 846
KwaZulu/Natal	-	-	-	-	-	-	-	-	-	-	28 396
Limpopo	-	-	-	-	-	-	-	-	-	-	15 270
Mpumalanga	-	-	-	-	-	-	-	-	-	-	-
Northern Cape	-	-	-	-	-	-	-	-	-	-	-
North West	-	-	-	-	-	-	-	-	-	-	-
Western Cape	-	-	-	-	-	-	-	-	-	-	13 964
	-	-	-	-	-	-	-	-	-	-	75 975

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 1A

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/ AGENCY/ACCOUNT	TRANSFER ALLOCATION					TRANSFER			2013/14	
	Adjusted Appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Appropriation Act			
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000		
Compensation Commissioner for Occupational Diseases	3 215	-	-	3 215	3 215	100%		3 062	3 062	
Medical Research Council	446 331	-	-	446 331	446 331	100%		419 460	419 460	
Council for Medical Schemes	4 751	-	-	4 751	4 751	100%		4 525	4 525	
National Health Laboratory Services	125 280	-	-	125 280	125 280	100%		105 536	105 536	
Service Sector Education and Training Authority	1 269	-	-	1 269	1 276	101%		1 309	1 309	
Public Sector SETA	128	-	-	128	90	70%		25 951	25 951	
South African National AIDS Council	15 000	-	-	15 000	15 000	100%		-	-	
National Health Laboratory Services – EBOLA outbreak	2 500	-	23 238	25 738	25 738	100%		-	-	
	598 474	-	23 238	621 712	621 681			559 843	559 843	

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 1B

STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS

NAME OF HIGHER EDUCATION INSTITUTION	TRANSFER ALLOCATION					TRANSFER			2011/12	
	Adjusted Appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not transferred	% of Available funds Transferred	Appropriation Act		
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Walter Sisulu University: Technikon and Science	-	-	5 200	5 200	5 200	-		4 000	4 000	
University of Cape Town	1 000	-	4 200	5 200	4 200	1 000	24%			
University of KwaZulu/Natal	-	-	5 200	5 200	5 200	-				
University of Pretoria	-	-	7 200	7 200	7 200	-				
University of Stellenbosch	-	-	5 000	5 000	5 000	-				
University of the Witwatersrand	-	-	13 400	13 400	13 400	-				
University of Limpopo (MEDUNSA)	2 000	-	-	2 000	-	2 000				
	3 000	-	40 200	43 200	40 200	3 000		4 000	4 000	

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015

ANNEXURE 1C
STATEMENT OF TRANSFERS TO FOREIGN GOVERNMENT AND INTERNATIONAL ORGANISATIONS

FOREIGN GOVERNMENT/ INTERNATIONAL ORGANISATION	TRANSFER ALLOCATION				EXPENDITURE		2013/14	
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act	Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers								
World Health Organisation: FIGO – Procurement of personal protective clothing equipment for the EBOLA outbreak	-	-	2 658	2 658	2 622	99%	-	-
TOTAL	-	-	2 658	2 658	2 622	99%	-	-

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015

ANNEXURE 1D
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2013/14	
	Adjusted Appropriation Act	Roll overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act	Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers								
Health System Trust	10 867	-	2 000	12 867	12 867	100%	10 252	10 252
Life Line	19 023	-	-	19 023	19 023	100%	18 308	18 308
LoveLife	69 843	-	-	69 843	69 843	100%	70 430	70 430
SA Council for the Blind	718	-	-	718	718	100%	684	684
Soul City	15 561	-	-	15 561	15 561	100%	22 820	22 820
South African Community Epidemiology Network on Drug Abuse (SACENDU)	450	-	63	513	512	100%	428	428
Health Promotion: NGO: National Council Against Smoking	768	-	-	768	768	100%	5 000	5 000
Maternal, Child and Women's Health: NGO	1 410	-	-	1 410	-	0%	-	-
Mental Health and Substance Abuse: NGO	-	-	-	-	-	-	169	169
Limpopo Mental Health Society	82	-	-	82	82	100%	-	-
World Congress on Paediatric Cardiology	100	-	-	100	100	100%	-	-
South African Federation for Mental Health	320	-	-	320	320	100%	305	305
Health Information System Programme	5 000	-	6 571	11 571	11 571	100%	4 979	4 979
Human Sciences Research Council	-	-	1 500	1 500	1 499	99,93%	-	-
Wits Health Consortium	-	-	600	600	600	100%	-	-
Non-Communicable Diseases NGO: National Kidney Foundation of South Africa	-	-	350	350	-	0%	100	100
District Health Facilities and Environmental Health System Global – South Africa	2 000	-	-	2 000	2 000	100%	100	100
HIV and AIDS: NGO's	79 921	-	-	79 921	79 919	99,99%	76 079	76 079

**Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015**

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2013/14 Appropriation Act R'000
	Adjusted Appropriation Act	Roll overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	
	R'000	R'000	R'000	R'000	R'000	%	
National Institute Community Development and Management (NICDAM)	-	-	-	-	3 254	-	4 344
Community Responsiveness Programme (CPR)	-	-	-	-	1 250	-	902
Ukhamba Projects	-	-	-	-	2 070	-	2 200
Community Media Trust (CMT)	-	-	-	-	-	-	2 100
Friends for Life	-	-	-	-	1 725	-	1 805
South African Catholic Bishop's Conference (SACBC)	-	-	-	-	-	-	1 400
Zakheni Training and Development	-	-	-	-	3 555	-	3 550
Leseding Care Givers	-	-	-	-	2 383	-	3 312
Leandra Community Centre	-	-	-	-	2 439	-	3 521
Ikusasa Le Sizwe Community	-	-	-	-	1 333	-	2 324
Get Down Productions	-	-	-	-	5 550	-	4 562
Highveld East Aids Projects Support (HEAPS)	-	-	-	-	6 653	-	6 367
ESSA Christian Aids Programme (ECAP)	-	-	-	-	2 345	-	2 800
COTLANDS	-	-	-	-	1 317	-	2 857
Seboka Training and Support Network	-	-	-	-	2 073	-	2 287
Muslim Aids Programme (MAP)	-	-	-	-	1 153	-	-
Networking Aids Community of South Africa (NACOSA)	-	-	-	-	1 000	-	2 146
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	-	-	-	-	3 374	-	3 385
Centre for Positive Care (CPC)	-	-	-	-	3 079	-	2 400
South African Men's Action Group (SAMAG)	-	-	-	-	1 025	-	1 000
Educational Support Services Trust (ESST)	-	-	-	-	4 307	-	3 650

**Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015**

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2013/14	
	Adjusted Appropriation Act	Roll overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act	Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Moretele Sunrise Hospice	-	-	-	-	2 264		1 700	1 700
Alliance Against HIV/AIDS (AAHA)	-	-	-	-	1 829		1 585	1 585
Disabled People South Africa (DPSA)	-	-	-	-	1 000		-	-
The Training Institute for Primary Health Care (TIPHC)	-	-	-	-	1 695		1 750	1 750
BOKAMOSO	-	-	-	-	933		875	875
Humana People to People	-	-	-	-	950		800	800
South African Organisation for the Prevention of HIV/AIDS (SAOPHA)	-	-	-	-	1 650		-	-
Community Development Foundation of South Africa	-	-	-	-	1 901		1 180	1 180
The Greater Nelspruit Rape Intervention Programme	-	-	-	-	-		1 094	1 094
St Joseph Care Centre – Sizanani	-	-	-	-	1 831		750	750
Boithuti Lesedi Project	-	-	-	-	2 050		1 500	1 500
Get Ready	-	-	-	-	1 998		1 300	1 300
Mpilonthle	-	-	-	-	1 650		1 350	1 350
Poverty Alleviation Support for People living with AIDS (PASPWA)	-	-	-	-	500		500	500
Agri Aids SA NPC	-	-	-	-	1 508		1 283	1 283
Hospice Palliative Care Association	-	-	-	-	2 013		1 700	1 700
Wellness Foundation	-	-	-	-	-		1 800	1 800
Society for Family	-	-	-	-	2 150		-	-
TB/HIV Care Association	-	-	-	-	2 150		-	-
Sakhile CBO	-	-	-	-	1 000		-	-
Ramotshinyadi HIV/AIDS	-	-	-	-	962		-	-
Total	206 063	-	11 084	217 147	215 383		209 654	209 654

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 1E
STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2013/14	
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act	
	R'000	R'000	R'000	R'000	R'000	%	R'000	
Transfers								
Leave gratuity	-	-	-	-	3 557			1 442
Refund and Remission – Act of Grace	-	-	-	-	-			19
Donation to Albinism Society of South Africa	-	-	-	-	-			50
Total	-	-	-	-	3 557			1 511

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 1F
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
Received in kind			
AU-IBAR PAN-SPSO	Travel and subsistence related	-	16
Bill and Melinda Gates Foundation	Travel and subsistence related	-	40
Bloomberg Philanthropies	Travel and subsistence related	-	86
Brazilian Government	Travel and subsistence related	58	-
United Nations Children Emergency Fund (UNICEF)	Travel and subsistence related	323	1 962
UNAIDS	Travel and subsistence related	419	82
African Union, Commission and Partners	Travel and subsistence related / Conference	14	10 900
African Regulatory Collaborative	Travel and subsistence	15	-
African Union Inter African Bureau Animal Resource	Meeting	71	-
African World Bank	Travel and subsistence related	-	82
Albertina Sisulu Executive Leadership Program in Health	Course	151	-
CARA	Procurement	-	31 872
Centre for Innovation in Regulatory Science	Travel and subsistence related	72	-
Chatham House	Travel and subsistence related	94	-
Chinese Government	Travel and subsistence related	211	-
Clinton Access Initiative	Travel and subsistence related	140	-
CoAG	Training / Workshop	-	66
Commonwealth Secretariat and Partners	Travel and subsistence related	-	23

Vote 16 Annexures to the Annual Financial Statements for the year ended 31 March 2015

Cuban Government	Travel and subsistence related	-	75
Cyber Communications	Travel and subsistence related	10	-
Department of International Development (DFID)	Registration fees and Road shows / training / workshop	-	913
Department of Performance Monitoring and Evaluation	Travel and subsistence related	64	-
European and Development Countries Clinical Trials Partnership	Conference	-	80
Drug Enforcement Administration	Travel and subsistence related	-	77
DRS/DPC/AFRO	Travel and subsistence related	-	29
FHI360	Training	750	-
Food Agriculture Organisation	Meeting	19	41
Foundation for Professional FDP	Training	5	48
Gates Foundation	Meeting	-	74
Global group – University of San Francisco	Meeting	56	-
Harvard Global Fund	Conference	-	56
Health System Trust	Travel and subsistence related	-	63
Informa Life Science	Travel and subsistence related	93	45
International Academy for Design and Health	Congress	68	-
International Atomic Energy Agency	Travel and subsistence related	376	145
International Association of Child/Adolescent Psychiatry and Allied Profession	21st World Congress	-	100
International Association for Dental Research	Training / Workshop	-	22
International Baby Food Action Network	Workshops	-	18
International Centre for AIDS and Treatment Programme	Meeting	-	18
International Federation of Obstetricians and Gynaecologists	Workshops	-	-
International Training and Education Centre for Health SA (ITEC)	Travel and subsistence related	20	-
IABP Africa / WHO AFRO	Travel and subsistence related	368	1 400
INTERPOL	Workshops	-	38
ITECH	Meeting	17	-
John Snow Incorporation	Training / Workshop	119	156
John Hopkins Health and Education in SA – JHHESA	Workshops	-	36
Korea Foundation for International Healthcare	Training / Workshop	-	368
Lily South Africa	Travel and subsistence related	25	-
Luke International	Training / Workshop	-	173
Medicines Patent Pool Organisation	Meeting	48	-
Nagasaki University – JICA Project Fund	Meeting	62	-
NEPAD	Travel and subsistence related	44	-
NIAID	Travel and subsistence related	41	-
PANGAEA	Workshops	-	82
	Training / Workshop	-	35

Vote 16 Annexures to the Annual Financial Statements for the year ended 31 March 2015

PATH	Meeting	55	52
PEPFAR / USAID	Travel and subsistence related	32	-
Parental Drug Association	Travel and subsistence related	30	-
Roll Back Malaria and IOM	Meeting	253	-
Project Aid 8421	Meeting	89	-
Public Health and Social Development Sectorial Bargaining Council (PHSDSBC)	Conference	86	86
Public Service Coordinating Bargaining Council	Meeting	-	90
Rockefeller Foundation	Travel and subsistence related	-	188
Rwanda Biomedical Centre	Travel and subsistence related	-	44
SABIN Vaccine Institute	Meeting	-	68
SANC/International Training and Education Centre	Training / Workshop	-	46
South African Development Countries	Travel and subsistence related	29	8
South African Development Cooperation	Meeting / Workshop / Travel and subsistence related	275	88
Southern Africa Regional Network	Travel and subsistence related	117	13
Sector Education Training Agency	Registration	-	19
Sexual HIV Prevention Programme	Meeting	-	247
SHIPP	Travel and subsistence related	-	395
SIDA	Travel and subsistence related	-	31
Siron, Colgate – Palmolive and Istrodent (Pty)	Travel and subsistence related	-	128
Stop TB Partnership	Travel and subsistence related	39	-
The Centre for Tobacco Control in Africa	Workshop	-	33
The Prince Mahidol Award Conference	Travel and subsistence related	47	-
The United States Pharmaceutical Convention	Travel and subsistence related	27	-
Track 20	Travel and subsistence related	37	37
United Nations Standing Committee on Nutrition	Registration	-	85
University Research Corporation	Travel and subsistence related	-	80
United Nations Population Fund Agency (UNFPA)	Travel and subsistence related	269	77
UNFPA / WHO	Workshops	-	64
UNICEF Esparo	Travel and subsistence related	14	-
Village Reach	Printing	39	-
US Agency for International Development	Travel and subsistence related	144	14
VODACOM	Improving the visibility of medicine	-	3 600
World Health Organisation	Travel and subsistence related	1 653	3 966
World Bank	Meeting	52	-
World Bank and Gesellschaft International Zusammen	Travel and subsistence related	61	-
Subtotal		7 101	58 680
TOTAL		7 101	58 680

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 1G

STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE R'000	REVENUE R'000	EXPENDITURE R'000	CLOSING BALANCE R'000
Received in kind					
Brazilian Government	Travel and subsistence related	-	58	58	-
United Nationals Child Emergency Fund (UNICEF)	Travel and subsistence related	-	323	323	-
UNAIDS	Travel and subsistence related	-	419	419	-
African Union, Commission and Partners	Travel and subsistence related / Conference	-	14	14	-
African Regulatory Collaborative	Travel and subsistence related	-	15	15	-
African Union Inter African Bureau Animal Resource	Meeting	-	71	71	-
Albertina Sisulu Executive Leadership Program in Health	Course	-	151	151	-
Centre for Innovation in Regulatory Science	Travel and subsistence related	-	72	72	-
Chatham House	Travel and subsistence related	-	94	94	-
Chinese Government	Travel and subsistence related	-	211	211	-
Clinton Access Initiative	Travel and subsistence related	-	140	140	-
Cyber Communications	Travel and subsistence related	-	10	10	-
Department of Performance Monitoring and Evaluation	Travel and subsistence related	-	64	64	-
FHI 360	Training	-	750	750	-
Food Agriculture Organisation	Meeting	-	19	19	-
Foundation for Professional FDP	Training	-	5	5	-
Global Group – University of San Francisco	Meeting	-	56	56	-
Informa Life Science	Travel and subsistence related	-	93	93	-
International Academy for Design and Health	Congress	-	68	68	-
International Atomic Energy Agency	Travel and subsistence related	-	376	376	-
International Federation of Obstetricians and Gynaecologists	Workshops	-	20	20	-
International Training and Education Centre for Health SA (ITEC)	Travel and subsistence related	-	368	368	-
INTERPOL	Meeting	-	17	17	-
ITECH	Training / Workshop	-	119	119	-
Korea Foundation for International Healthcare	Travel and subsistence related	-	25	25	-
Luke International	Meeting	-	48	48	-
Medicines Patent Pool Organisation	Meeting	-	62	62	-
Nagasaki University – JICA Project Fund	Travel and subsistence related	-	44	44	-
NEPAD	Travel and subsistence related	-	41	41	-

Vote 16 Annexures to the Annual Financial Statements for the year ended 31 March 2015

PATH	Meeting	-	55	-
PEPFAR/USAID	Travel and subsistence related	-	32	-
Parental Drug Association	Travel and subsistence related	-	30	-
Roll Back Malaria and IOM	Meeting	-	253	-
Project Aid 8421	Meeting	-	89	-
Public Health and Social Development Sectorial Bargaining Council (PHSDS-BC)	Conference	-	86	-
South African Development Countries	Travel and subsistence related	-	29	-
South African Development Cooperation	Meeting / Workshop / Travel and subsistence related	-	275	-
Southern Africa Regional Network	Travel and subsistence related	-	117	-
Stop TB Partnership	Travel and subsistence related	-	39	-
The Prince Mahidol Award Conference	Travel and subsistence related	-	47	-
The United States Pharmaceutical Convention	Travel and subsistence related	-	27	-
Trade 20	Travel and subsistence related	-	37	-
United Nations Population Fund Agency (UNFPA)	Travel and subsistence related	-	269	-
UNICEF Esparo	Travel and subsistence related	-	14	-
Village Reach	Printing	-	39	-
US Agency for International Development	Travel and subsistence related	-	144	-
World Health Organisation	Travel and subsistence related	-	1 653	-
World Bank	Meeting	-	52	-
World Bank and Gesellschaft International Zusammen	Travel and subsistence related	-	61	-
TOTAL		-	7 101	-

**Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE**

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2014/15 R'000	2013/14 R'000
Made in kind		
Act of grace – transportation of an employee's remains	-	19
Meeting between the Minister of Health and Population of the Republic of Congo and the Minister of Health, RSA to sign the agreement on Patient Referrals	50	-
Prof D du Toit – Attend a symposium for the 10th Global Mexico City	119	-
Prof M Mendelson – Attend meeting on Antibiotics from the Dag Hammarskjold Foundation	45	-
Prof Ceballos from Cuba to administer the Cuban National Examination for South African Cuban students	113	-
Prof M Mendelson – attend the Technical Consultation on Innovative Models for New Antibiotics in Geneva	38	-
Ms B Poonsamy, Malaria Diagnosis Expert	8	-
DIRCO official as part of the SA team to draft MOU between AU and SA in Sierra Leone	38	-
Dr B Kunene – to attend the state of midwifery meeting – Department of Health	3	-
Ms T Makwetla – to pay for travel and accommodation: Goodwill Ambassador for Mom - Connect	27	-
Dr G Grey – to attend Economists Pharma 2015 conference, London	106	-
TOTAL	547	19

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 2A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2015 – LOCAL

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2014	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2015	Guaranteed interest for year ended 31 March 2015	Realised losses not recoverable i.e. claims paid out
	Motor vehicles								
Stannic		-	-	-	-	-	-	-	-
Subtotal		-	-	-	-	-	-	-	-
	Housing								
ABSA		56	-	-	-	-	-	-	-
First Rand Bank		250	221	-	213	-	8	-	-
Nedbank		154	112	-	77	-	35	-	-
BOE bank Ltd (includes NBS)		87	72	-	72	-	-	-	-
Old Mutual (Nedbank/ Permanent Bank)		31	-	-	-	-	-	-	-
People's Bank		17	-	-	-	-	-	-	-
Standard Bank		151	50	110	11	-	149	-	-
TOTAL		746	455	110	373	-	192	-	-

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 2B

STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2015

Nature of liability	Opening Balance 1 April 2014	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing Balance 31 March 2015
Claims against the department					
Ms G Khulong vs The Minister of Health and others	-	269	269	-	-
Barry Mellor vs Kagiso Tholo	-	15	-	-	15
Llewellyn Sturman vs The Minister of Justice and Constitutional Development, The Director of Public Prosecution and The Minister of Health	-	800	-	-	800
Sarah Snijders and Mornay Calits vs The Minister of Justice and Constitutional Development, The Minister of Health, The Director-General of Public Prosecutions Western Cape	-	800	-	-	800
ZLD Panel Beaters vs The Minister of Health	-	400	-	-	400
P F Distributors vs The Minister of Health	-	32	-	-	32
Hlomphang Moreku vs The Minister of Health	-	76	-	-	76
TOTAL	-	2 392	269	-	2 123

**Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015**

ANNEXURE 3

CLAIMS RECOVERABLE

Government Entity	Confirmed balance out-standing		Unconfirmed balance outstanding		Total		Cash in transit at year end 2014/15	
	31/03/2015	31/03/2014	31/03/2015	31/03/2014	31/03/2015	31/03/2014	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
Provincial Health: Eastern Cape	4 159	90	-	-	4 159	90	-	-
Provincial Health: Gauteng	137	39	-	-	137	39	-	-
Provincial Health: KwaZulu/Natal	357	49	-	-	357	49	-	-
National Department of Foreign Affairs (DIRCO)	-	47	-	-	-	47	-	-
Provincial Health and Social Services: Gauteng	-	52	-	-	-	52	-	-
Provincial Health: North West	1 071	78	-	-	1 071	78	-	-
National Department of Environmental Affairs	-	108	-	-	-	108	-	-
Department of Cooperative Governance and Traditional Affairs	-	2	-	-	-	2	-	-
Department of Rural Development	-	19	-	-	-	19	-	-
South African Social Security Agency	-	37	-	-	-	37	-	-
SANAC	-	98	-	-	-	98	-	-
Office of the Premier of Mpumalanga	-	17	-	-	-	17	-	-
Office of the Premier of Limpopo	-	235	-	-	-	235	-	-
Department of Home Affairs	17	-	-	-	17	-	-	-
Department of Mineral Resources	11	-	-	-	11	-	-	-

**Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015**

Government Entity	Confirmed balance out-standing		Unconfirmed balance out-standing		Total		Cash in transit at year end 2014/15	
	31/03/2015	31/03/2014	31/03/2015	31/03/2014	31/03/2015	31/03/2014	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
South African Police Services	69	-	-	-	69	-	-	-
Provincial Health: Western Cape	71	-	-	-	71	-	-	-
Provincial Health: Free State	2 629	-	-	-	2 629	-	-	-
Provincial Health: Limpopo	38	-	-	-	38	-	-	-
Provincial Health: Mpumalanga	361	-	-	-	361	-	-	-
	8 920	871	-	-	8 920	871	-	-
Other Government Entities								
Centre for Diseases and Control	-	4 734	-	-	-	4 734	-	-
SARS VAT	96 741	25 267	-	-	96 741	25 267	-	-
Canadian NGO	-	409	-	-	-	409	-	-
SANAC	-	1 280	-	-	-	1 280	-	-
National Council Against Smoking	85	-	-	-	85	-	-	-
	96 826	31 690	-	-	98 826	31 690	-	-
TOTAL	105 745	32 561	-	-	105 745	32 561	-	-

Restate the 2013/14 figures as it was published incorrectly as 3 081 instead of 31 690. The total is 32 561 instead of 18 307 as published. The published figures that was used for the 2012/13 financial year instead of 2013/14 financial year.

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 4

INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2014/15	
	31/03/2015	31/03/2014	31/03/2015	31/03/2014	31/03/2015	31/03/2014	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Current								
Provincial Health: Eastern Cape	593	3 003	-	86	593	3 089	-	-
Provincial Health: Free State	714	10	-	-	714	10	-	-
Provincial Health: KwaZulu/Natal	5 266	1 640	-	-	5 266	1 640	-	-
Provincial Health: Mpumalanga	20 713	8 771	-	-	20 713	8 771	-	-
Provincial Health: Northern Cape	3 256	14 672	-	-	3 256	14 672	-	-
Provincial Health: North West	-	8 095	-	-	-	8 095	-	-
National Treasury	-	1 640	-	-	-	1 640	-	-
Provincial Health: Gauteng	51	202	-	-	51	202	-	-
Provincial Health: Limpopo	7 814	14 501	-	-	7 814	14 501	-	-
Department of Trade and Industry	-	-	-	33	-	33	-	-
Total	38 407	52 534	-	119	38 407	52 653	-	-

Vote 16
Annexures to the Annual Financial Statements for the year ended 31 March 2015
ANNEXURE 5
INVENTORIES

Inventory	Note	2014/15		2013/14	
		Quantity	R'000	Quantity	R'000
Opening balance		745 128	10 364	2 716 382	9 000
Add/(Less): Adjustments to prior year balance		(264 923)	(7 990)	2 195	56
Add: Additions/Purchases - Cash		3 770	95 654	34 615 036	425 081
Add: Additions - Non-cash		2 784	-	121 381	(27)
(Less): Disposals		-	-	(20)	-
(Less): Issues		(14 650)	(96 642)	(35 419 785)	(456 727)
Add/(Less): Adjustments		1 897 913	1 265	(1 290 061)	32 981
Closing balance		2 370 022	2 651	745 128	10 364

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2015****ANNEXURE 6****MOVEMENT IN CAPITAL WORK IN PROGRESS****MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2015**

	Opening balance	Current Year Capital WIP	Completed Assets	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	113 726	168 864	(137 789)	144 801
Dwellings	-	-	-	-
Non-residential buildings	-	-	-	-
Other fixed structures	113 726	168 864	(137 789)	144 801
TOTAL	113 726	168 864	(137 789)	144 801

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

ANNEXURE 7A

INTER-ENTITY ADVANCES PAID (note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2015	31/03/2014	31/03/2015	31/03/2014	31/03/2015	31/03/2014
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENTS						
Government Communication Information System	5 440	13 395	-	-	5 440	13 395
DIRCO	1 844	3 370	-	-	1 844	3 370
Subtotal	7 284	16 765	-	-	7 284	16 765
PROVINCIAL DEPARTMENTS						
Provincial Government of Western Cape	3 829	4 250	-	-	3 829	4 250
Subtotal	3 829	4 250	-	-	3 829	4 250
PUBLIC ENTITIES						
DBSA FET	2 134	-	-	-	2 134	-
DBSA: GP Consulting Rooms	10 938	-	-	-	10 938	-
Subtotal	13 072	-	-	-	13 072	-
OTHER ENTITIES						
CPI	2 000	1 000	-	-	2 000	1 000
COEGA	13 944	-	-	-	13 944	-
Subtotal	15 944	1 000	-	-	15 944	1 000
Total	40 129	22 015	-	-	40 129	22 015

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2015

ANNEXURE 7B

INTER-ENTITY ADVANCES RECEIVED (note 14)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2015	31/03/2014	31/03/2015	31/03/2014	31/03/2015	31/03/2014
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENTS						
Current						
National Treasury – Unspent Grants	-	1 640	-	-	-	1 640
Subtotal	-	1 640	-	-	-	1 640
PROVINCIAL DEPARTMENTS						
Current						
Provincial Health: Eastern Cape	593	7 016	-	-	593	7 016
Provincial Health: Free State	714	10	-	-	714	10
Provincial Health: Gauteng Province	51	202	-	-	51	202
Provincial Health: North West	-	8 095	-	-	-	8 095
Provincial Health: Northern Cape	3 256	14 672	-	-	3 256	14 672
Provincial Health: Mpumalanga	20 713	8 771	-	-	20 713	8 771
Provincial Health: KwaZulu/ Natal	5 266	1 640	-	-	5 266	1 640
Provincial Health: Limpopo	7 814	14 501	-	-	7 814	14 501
Subtotal	38 407	54 907	-	-	38 407	54 907
PUBLIC ENTITIES						
Current						
DBSA: 44 Clinics	6 823	-	-	-	6 823	-
DBSA: PMSU	12 947	-	-	-	12 947	-
Subtotal	19 770	-	-	-	19 770	-
OTHER ENTITIES						
Current						
Heart and Stroke Foundation	-	5 000	-	-	-	5 000
Mustek Electronics	-	29 774	-	-	-	29 774
PriceWaterHouse Coopers	-	3 268	-	-	-	3 268
SA National Council	-	684	-	-	-	684
Subtotal	-	38 726	-	-	-	38 726
TOTAL	58 177	95 273	-	-	58 177	95 273
Current	58 177	95 273	-	-	58 177	95 273
Non-current	-	-	-	-	-	-

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for ensuring the integrity and reliability of financial data. This includes not only recording the amount and date of transactions but also identifying the parties involved and the purpose of the transactions.

The second part of the document outlines the various methods used to collect and analyze data. It describes how data is gathered from different sources and how it is processed to extract meaningful information. This section highlights the use of statistical techniques to identify trends and patterns in the data, as well as the importance of using appropriate sampling methods to ensure that the data is representative of the population being studied.

The third part of the document focuses on the interpretation and communication of the results. It discusses how the findings of the study are presented in a clear and concise manner, using tables, graphs, and charts to illustrate key points. It also emphasizes the need to provide a thorough explanation of the results and to discuss the implications of the findings for the field of study.

Finally, the document concludes with a summary of the key findings and a discussion of the limitations of the study. It acknowledges that while the study has provided valuable insights, there are still areas that need further research and exploration. The authors express their hope that the findings of this study will contribute to a better understanding of the phenomena being studied and that they will be useful to other researchers in the field.



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